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Original Articles

MANAGEMENT OF GOITRE—PRIMARY HYPERTHYROIDISM OR EXOPTHALMIC AND ADENOMATA WITH HYPERTHYROIDISM OR THYROTOXIC TYPE*

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While there are various types of goitre, they may be classified by their symptoms as well as by their histological structure and it will usually be found that the histological picture will give one a very definite idea of the clinical course. We choose for this discussion two types of goitre, those which are not associated with Hyperthroidism or Dysthyroidism and those where hyperthyroidism or dysthyroidism is the main or one of the main symptoms. First we wish to divide goitre into five main groups.

I.

Simple goitre, diffused or colloid:

a. Adolescence.
b. Physiological of pregnancy.
c. Accompany infectious diseases.

Symptoms:

1. Occasional slight or nervous symptoms.
2. No muscular or nervous weakness.
3. No increase of basal metabolic rate.
4. May be mechanical, causing pressure on circulation and nerves.

II.

Goitre—Adenomata without hyperthyroidism:

a. May be cystic, hemorrhagic colloid or a combination with adenomata.
b. No nervous symptoms.
c. No muscular symptoms.
d. No heart or gastro-intestinal symptoms.
e. No increase of basal metabolic rate.
f. May cause pressure symptoms.
g. May become malignant, or
h. May become type III (adenomata with hyperthyroidism.

III.

Adenomata with hyperthyroidism (thyro-toxic).

a. Tachycardia.
b. Increased basal metabolic rate.
c. Tremor.
d. Muscular and nervous weakness.
e. Loss of weight.
f. Gastro-intestinal symptoms.
g. May become malignant.
h. May be associated with (type IV or exophthalmic goitre; Primary hyperthyroidism).

IV.

Exophthalmic—(Primary hyperthyroidism). (Graves Disease)

a. Exophthalmos.
b. Tremor.
c. Increased basal metabolic rate.
d. Loss of weight.
e. Muscular and nervous weakness.
f. Gastro-intestinal.
g. Disorders of menstruation (amenorrhoea).
h. Seldom become malignant, and then associated with adenomata.

V.

Goitre—Malignancy, carcinomata, sarcomata, etc., secondary to adenomata.

Symptoms:

1. Early. Same as II and III discovered at operation upon miscropical section.
2. Late. 2 plus 1. Pressure upon trachea, essphagus, nerves and circulation.
3. Cachexia.
4. Metastasis, especially lung and long bones.

We do not at this time intend to discuss types (I) Colloid goitre or type (II) Adenomata without Hyperthyroidism except for simple statement that the usual colloid type is non-surgical and except when becoming cystic will respond readily to medical treatment, which is Iodine. In many cases they will need no treatment. Great care should be used in keeping these cases under observation and to use small doses of Iodine over a longer period than from large doses over a short period. These cases are not suitable for X-ray or radium therapy. In many young adults with marked colloid goitre we have seen marked improvement after attention to oral hygiene, along with proper diet and tonsillectomy, in septic tonsils by examination even without a history of tonsillitis. Goitre of this type may become cystic, the so-called colloid cyst. These rarely become malignant and unless improperly treated do not become associated with hyperthyroidism, but not infrequently are associated with hypothyroidism.

*Read before the Wayne County Medical Society. December 22, 1924.

TYPE II.

Adenomata without hyperthyroidism, should be treated surgically unless they are very small, as many cases of this type undergo hyperplasia of their epithleal elements, and become toxic with the accompanying one or more symptoms of group III. Under usual conditions there is no danger with this type of operation, and the patient makes a complete and permanent recovery. In cases of large or cystic types of this group, operation should not be delayed, as here the danger of delay would be the added symptoms, such as mechanical symptoms, and hyperthyroidism and malignancy. It is important in the surgery of this type that as much of the adenomatous tissue as possible be removed. In the surgery of a decade ago many of these cases did not have all of the adenomatous tissue removed, and the operation received the blame for not affecting a cure, when the trouble was that a considerable portion of adenomatous tissue was left behind, which later caused symptoms. It will be found best to leave a small portion of each upper pole when possible and a thin portion over the posterior capsule. These cases should be observed by the family physician from time to time for a period of two or three years and if there appears to be a return of the adenomata a short course of small doses of Iodine will usually cause the disappearance of the nodules. Some of the smaller adenomata will respond to iodine, but we question the advisability of using iodine to the larger types. Great care should be used in treating these cases with X-ray or radium therapy as a large number will have associated cystic or hemorrhagic which are unsuited to this treatment.

TYPE III.

Many cases of this type are directly the result of improper or prolonged medical treatment of Type II and the bad results following such case may be due to the delay of proper treatment. In suitable cases of this type surgery offers the best hope of permanent cure, and it should not be postponed until the patient's muscular and nervous system as well as the essential organs, such as heart and liver have suffered permanent damage. From the experience of many observers, in thousands of cases we believe surgery to be far safer for effecting a cure than any other treatment, by medication, or X-ray or radium therapy or a combination of such. One of the principal reasons for this is that when a proper selection of patients has been made and the correct type of operation has been performed, after careful preliminary pre-operative and post-operative treatment, which is begun on the operating table, patients will have more than 90 per cent of cures. There will be an extremely small operating mortality when the correct operating judgment has been used. It cannot be expected that late operations or any form of treatment or combination of treatments will cure the thyrotoxic cardia or repair the hepatic cells. Here again we state that delay in the operation of wrong judgment at the operation is the cause of most of the mortality and all of the morbidity in such cases.

We believe that an operation for subtotal thyroidectomy may be performed in this type with a relative higher metabolic rate than in the exophthalmic or primary hyperthyroidism type IV cases. This we believe is because at the operation we removed practically all of the thyroid tissue which is causing the symptoms and the danger of post-operative hyperthyroidism with galloping pulse and post-operative temperature is less than in exophthalmic cases. The danger of operating in exacerbation or shortly after an acute infection like tonsillitis, or when the metabolic rate is going up are important factors and a surgeon's best judgment is needed to determine the best time to operate. Hot water injections have been used by a number of surgeons, but we believe the danger of this form of treatment to be fully as dangerous as a hemi-subtotal thyroidectomy or bilateral subtotal thyroidectomy. Polar ligation or partial excision should not be performed on pure adenomatous goitre associated with hyperthyroidism, but only in the exophthalmic cases or primary hyperthyroidism cases, and it is often a failure of the surgeon to differentiate this type and to employ the wrong type of operation in this group that there has been so large a mortality and morbidity. Iodine and thyroid extract may make this type of case worse, and when any good follows such medication it will be found that the goitre is of a mixed type, of adenomata with hyperthyroidism and exophthalmic goitre, and if any good follows the careful administration for diagnostic purposes it had best be used as a pre-operative measure rather than a curative one, as these cases have repeated exacerbations and remissions, and every such upset leaves behind, permanently damaged organs.

TYPE IV.

Exophthalmic goitre or primary hyperthyroidism. Here we have a definite syndrome, but in many cases of mild types, these patients have been treated for months

medically for the tachycardia without recognizing that the symptoms were due to a thyro-toxic condition. The symptoms in many of these cases will be in inverse ratio to the size of the gland and some of the worst cases we have seen have had relatively small glands, but high metabolic rate and marked cardiac and nervous symptoms. We consider the treatment first advised by Plummer of administration of Lugol's solution (or comp. tr. iodine) in from MV or X or tid to be very helpful. When this agent is beneficial it seems to work as magically as digitalis in the heart from fibrillation, and we have been surprised to see the marked improvement in patients who were extremely sick, especially with vomiting and galloping pulse, following a few days of such medication. We have not used the Lugol's solution alone, but have combined it with absolute rest in bed, ice over the heart, sometimes using an ice pack over the chest, with hypodermoclysis, morphine in large doses and digitalis when indicated. There seems to us to be a marked improvement in the general clinical symptoms as well as the lowered basal metabolic rate, which we did not obtain without this method. We are inclined to depend upon the clinical symptoms fully as much as the basal metabolic rate, before deciding upon operation. We consider that a patient who is not able to sleep fairly well with moderate sedative, or who is not able to take and retain nourishment is not fit for any operation or for X-ray treatment. If radium is used as an adjunct to medical treatment, it should be used with great care and experience.

Until a few years ago, we were inclined to advise medical treatment for a time on primary exophthalmic cases, such as vegetable diet, avoiding coffee or tea, rest in bed, ice, sedatives, etc., now we believe that early operation is better and treat all such cases surgically before they have damaged heart muscle, simply studying them sufficiently to be absolutely sure of the diagnosis, then advising operation as soon as the diagnosis is made, if the patient is in condition for such.

Great care must be used to avoid operative procedures upon cases of miliary tuberculosis, in young people, also in diagnosis of the thyrotoxic syndrome based on thyroid disease, by careful observation with repeated test of the basal metabolic rate, as some cardiac cases may simulate a few of the symptoms. In some cardiac cases, however, there will usually be a history of tachycardia following tonsillitis or some infectious disease, while this may also be the history in the thyrotoxic case, usually the nervous symptoms and loss of weight are of value, relatively early in the thyrotoxic patient. The primary hyperthyroidism may also follow acute infection or mental strain. In any question it is of the utmost importance not to depend upon one reading of the basal metabolic rate, but to repeat it every three or four days. Every surgeon of experience will see a certain number of thyrotoxic cases who have been treated as primary cardiac cases. It canont be expected that patients will be cured medically of the cardiac and associated symptoms when they are caused by toxic thyroid, whose treatment is surgical. We wish to repeat that in a number of cases with one or more symptoms of thyrotoxicosis that the size of the palpable gland may mislead any but the most careful observer and it will be well to remember that a hyperactive gland apparently of normal or subnormal size may cause severe symptoms of thyrotoxicosis. We believe the mistake of treating these cases medically is more likely to occur in the small adenomata associated with hyperthyroidism rather than in primary or exophthalmic. Clinical surgeons have long recognized the fact that many of these cases are of mixed type. Adenoma with Hyperthyroidism which have only been causing moderate or unrecognized symptoms to take on the characteristics of the primary or exophthalmic type. This is often seen after apparent infections, such as following a slight case of tonsillitis.

PRE-OPERATIVE TREATMENT

After the correct diagnosis has been made in the thyrotoxic group it is of importance that the surgical procedure should be performed when the patient is in the best condition possible. A number of these cases in the stage of exacerbation will have high blood sugar and a chemical study of the blood should always be made in the severe types. Usually two weeks of absolute rest in bed with quiet environment with the use of one or more of the adjunct agents mentioned above will put the patient in condition for operation, even in severe cases. The pulse rate will diminish as a rule from 140 to 160 to 120 or below, digitalis is used when indicated, usually in fibrillation only, and should not be continued after its necessity has ceased, as we may upset the gastro intestinal tract. Sedatives such as bromide or morphine are given, as indicated to aid the patient to sleep. We do not advise any of the coal tar derivatives for these patients.

Careful record should be kept of the intake and output of fluids, at least eight

ounces of fluids should be given every two hours in addition to other food. Patients who have edema or are delerious or who have marked gastro-intestinal upset are usually not considered safe even for polar ligation, and we advise against such, unless it is seen that the case is not improving under medical management.

OPERATION

It is evident that time will permit of only a few details of operative technic. We consider it safest to have the fullest confidence of the patient and his friends that the operation decided upon by the surgeon will be the safest one for the condition at hand.

Preliminary hypnotic, as morphine gr. ¼ two hours before operation followed by morphine gr. 1/6 one-half hour before operation. In some desperately ill patients we advise one tablet of H. M. C. No. II two hours preceding operation. Team work in the operating room is especially essential in these cases. The patient should be brought to a quiet operating room where all will be in readiness and the simplest preparation is made of the operating field. For over fifteen years we have employed nitros oxide and oxygen and lately ethelyne gas and oxygen with local anesthetic, novocaine ½ of 1 per cent in some cases.

The post-operative nausea and sickness of ether should always be avoided if possible, as these patients are sick enough without adding to their sickness. Whatever operation is decided upon should be performed as expeditiously as possible without trauma and blood loss. In every patient the operation will suit the case and the patient not be expected to fit a particular type of operation. If, as the operation is proceeding, it is found that the patient's condition is satisfactory, the one stage operation for adenomata with hyperthyroidism is most satisfactory, in certain cases a hemi-subtotal thyroidectomy is done, i. e., removing one lobe and allowing the other lobe to be removed at a later date, in ten days to two weeks or even longer. In the primary hyperthyroidism or exophthalmic cases, it may be decided that a polar ligation will be all that a patient should have as the first step. We believe that the ligation of both poles at one seance is almost as severe, or even more so than a one-stage sub-total thyroidectomy, on account of the more dangerous post-operative hyperthyroidism; whereas in the radical operation, if the tissue is handled kindly, much of the danger of this formidable complication will be avoided, because we have removed the gland which is causing the hyperthyroidism.

We have always considered it safest to use a small rubber drain in the severe toxic cases, usually two pieces of rubber tissues are used, one to each lobe, and combine this with a small gauze pack in all large adenomata, with or without substernal types. This drainage material is usually not disturbed for three or four doys. As far as we know it has not interfered with wounds healing or with post-operative scar. In the very severe cases, it may be best to allow the wound to remain well open around the drainage tubes using skin clip in a day or two or putting in horsehair sutures and tying them later.

All patients with high metabolic rate associated with the usual clinical symptoms have hypodermoclysis on the operating table of from 300 to 500 cc's. This is given under the breasts and begins as soon as the patient is under gas anesthesia. These needles are not removed, but covered with a sterile dressing and used to give from 200 to 300 cc of saline solution, every two hours for several hours or until the condition is satisfactory. We have been convinced for years that this is a very important step in the management. The patient is usually very sleepy after leaving the operating room and is kept so for 24 to 30 hours, depending upon the circumstances, by the administration of morphine in ¼ grain doses every three or four hours for several doses, if they waken and appear disturbed. It is very important that these patients rest after operation. It will often be found that the cases who do not get well are the ones who are allowed to thrash around and do not get immediate fluids. In addition to the saline by hypodermoclysis, the patient is obliged to drink large quantities of water, whether it is wanted or not, and is given one pint of tap water, ten ounces of five per cent glucose and two teaspoonsful of soda bicarbonate per rectum by drip method every four or six hours. If the patient wil not retain this drip he is given larger quantities of saline by needle. Digitalis is used if needed and two ice caps are kept on the chest continually until the patient' condition is good.

Even with the usual care in the management of these cases, with the combined skill and experience of the medical and surgical staff and with the addition of team work in the operating room, which includes a skilled, tactful anesthetist and skilled pre-operative and post-operative nursing, the ultimate results will depend much upon the progress of the disease before operation and the skill and painstaking care of details of their management.

REPORT OF CASES

In the last four years we have operated upon a total number of 110 cases of primary exophthalmos and adenomata with hyperthyroidism, with basal metabolic rates upon admission to Harper Hospital from 12 to 100 per cent above normal. Cases of adenomata or promary hyperthyroidism below 12 per cent are not included in this series.

In this group were four cases of carcinoma all with increased metabolic rate. The highest metabolic rate at the time of operation was 75 per cent above normal, and the lowest was 12 per cent above normal.

The total mortality was 4 patients or 3.5 per cent.

During this period 140 cases of adenomata without hyperthyroidism or early primary hyperthyroidism or with a basal metabolic rate of 12 per cent or less were operated on with no mortality. These cases were all operated by either my associates, Dr. Wm. R. Clinton, Dr. L. Byron Ashley or myself.

HUMAN MILK, FACTORS IN ITS PRODUCTION

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Great advances have been made in the past decade in the care and feeding of infants and as a result, infant mortality has been considerably reduced for infants above a month of age. The mortality of the first month of life in spite of scientific feeding method and welfare work is still tremendous and remains the one impregnable strong hold which has not yet yielded. The pediatrists are quite in accord in feeding methods after the first month. But a glance at various text books shows a lack of unanimity as to how to begin and carry on through the first month. On one point they all agree, however, and that is at least during the first month of life the infant should have human milk if possible to obtain it, particularly the premature and those infants born under such handicaps as under-weight, syphilis or who have already failed to thrive on artificial feedings. It is from this group that the mortality figures received its largest quota.

It is a well established fact that the mortality of infants in general is greater when artificially fed, than when fed on human milk. If all infants under one month could receive human milk the dreaded mortality of that period of life would be greatly diminished. Is this too high a goal for which to strive? What factors stand in the way of its accomplishment?

Many mothers are able to nurse their babies for varying periods. From a hitherto unpublished study of one thousand mothers the writer found that 11.7 per cent were not nursed at all, 21.6 per cent to the end of the second month and 33 per cent to the end of the third month.

What were the reasons given by these 100 mothers for stopping nursing? Arranged in order of frequency they are as follows:

1. Milk failed (no apparent reason) 42.8%
2. Milk insufficient to nourish infant 20.2%
3. Mother too sick to nurse..... 18.0%
4. Mother became pregnant..... 11 %
5. Mother had to go to work..... 8 %

I have heard it charged against the present generation of mothers that they do not want to nurse their babies. Now and then one may find a mother who holds this view, but the vast majority desire to nurse and count it one of the greatest tragedies when they must submit their offspring to the uncertainties of artificial feeding.

It seems strange indeed that of all animal kind the human should be the least certain to furnish a food supply for its young. We are want to place the blame for this condition of things on to our present day civilization, and to modes of dressing, of living, of thinking. These may have some part in bringing about such a condition, but the writer believes it is largely due to a lack of understanding on the part of the profession of the essential factors in the production of human milk as is evidenced by the paucity of scientific studies published, covering this subject. We are put to shame by the workers in the dairy industry whose scientific studies in bovine milk production are of the highest order covering every phase of the subject. Most of what is taught and practiced today as regards human milk production has been handed down from grandmother to mother and is based only on empiricism which is only generalizing from limited facts and to which one of Josh Billings' apt sayings might well be applied, "It's not so much my ignorance that bothers me, but it's knowing so many things which ain't so."

Several years ago the writer conducted an experiment based on one of the classical studies published by Hart and Humphrey, Jr. Bio. Chem. 1925 :21. Dept. of Wisconsin University and was able to confirm for humans what was well known to dairymen, viz., that if milk production is to be properly maintained a diet richer in protein than the average diet must be given the nursing

mother. The observations covering protein, were published in the Am. Jr. Diseases of Children, Aug. 1917, vol. XIV pp. 105-112. The summary of that paper is repeated here:

1. A nutritive ratio of 1:6 or narrower seems best adapted to the need of nursing mothers. (This ratio refers to the proportion of digestible protein to digestible fat and carbohydrate.
2. Animal protein is more suitable than vegetable protein in supplying nitrogen for milk and maintenance of nitrogen balance.
3. The protein derived from nuts when fed with other vegetable protein is suitable for supplying milk protein and for maintaining nitrogen equilibrium.
4. A diet composed exclusively of cereals, fruits and vegetables does not supply sufficient protein for elaborating milk protein and causes a severe drain on tissues of the mother.
5. Of the various forms of animal protein, that which is derived from cow's milk seems particularly suitable for the production of human milk protein, as well as for the preservation of maternal tissues.

A more general discussion of diet was published in the Jr. Am. M. A., Aug. 1917 vol. LXIX pp. 442-425, conclusion of that paper not included in the first, are repeated here:

1. A diet to be efficient must produce a sufficient quantity of milk, containing nutrition adequate to cause an increase in growth of offspring without impairing the tissues of the mother.
2. Diets containing from 2,600 to 2,900 calories in twenty-four hours produced better results than diets containing from 3,400 to 3,700 calories. It is of no avail to overfeed in hope of maintaining or increasing the milk supply.
3. Diets containing 2,000 calories or less cannot protect maternal tissues and at the same time produce sufficient milk. A nutritive ration of less than 1:6 gave the best results.

Since the publication of these papers further observations have been made.

The first relates to the disposition of the relatively high proportion of protein which is fed in the diets recommended. The following two charts (Nos. one and two) show the channels into which the food introgen is diverted under diets containing different proportions of protein. It shows clearly how on the narrower ratios, nitrogen is retained while on the wider ratios nitrogen is withdrawn from the body. It is clear that constant withdrawal of nitrogen from the body cannot last and sooner or later the nitrogen for milk building must be cut off and in consequence milk supply lessened. This is clearly demonstrated in these observations.

Chart 3—On periods of ample protein ratio (1-4 up to 1-6) the caloric value of milk averaged 1,200 calories daily: When protein was reduced to 1-9 and 1-13, ratio the average caloric value dropped to 960 per day. Even the food intake was increased.

On narrow ratios, average was 1000 calories daily, while on wider ratios it dropped to 900 calories daily.

Next to ample protein supply the daily fluid intake plays an important part in milk production.

It is quite commonly believed by the laity and by a large number of physicians that any increase in fluid intake ought ordinarily to be followed by an increase in the production of milk. This was found to be true up to a certain point and then quite the reverse happened.

With quantities of water ranging from 2,300 cc. to 2,700, the quantity of milk produced remained at an average.

In diets with fluid intake varying from 2,700 cc. to 3,300 cc. the quantity of milk was markedly increased irrespective of caloric intake or of protein to carbohydrate fat ratio. In some cases the production was increased 300 to 400 cc. daily.

With the fluid intake still further increased from 3,300 cc. to 3,900 cc., there was a marked fall in the average daily quantity of milk even far below the average.

Thus it can be seen that an increase in daily fluid intake above three quarts was accompanied by a drope as great as 300 cc. or approximately 10 ounces of milk.

SUMMARY

1. A nursing mother should not eat less than 2,000 calories, nor more than 3,000 calories in 24 hours.
2. Three quarts of fluids a day is the maximum which should be taken by a nursing mother. If more is taken it usually causes an increase in weight of mother with a lessened quantity of milk produced.

SOME PROBLEMS IN GYNO-PLASTIC SURGERY*

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Plastic restoration of the injured birth canal, while only a part of gyno-plastic surgery, presents many problems, and it is our purpose on this occasion to consider a few of them.

Modern obstetrics and modern gyno-plastic surgery vouchsafe to the child-bearing woman a degree of health and efficiency quite comparable to that of the female who is denied the inestimable privileges of motherhood.

In actual practice, however, this ideal is not realized, because the average woman is unable to avail herself of the services of a trained obstetrician and gyno-plastic surgeon and as a result many women suffer from injuries to the genital tract which are not properly repaired and which produce increasing discomfort and invalidism as the years go by. The demands upon the modern Amercian mother and the complexity of modern American life, require the maximum amount of health and efficiency, the maintenance of which in many instances depends upon the character of the services of the obstetrician and obstetrical surgeon.

It has been estimated that fully 50 per cent of all women who visit all doctors' offices, suffer to a greater or lesser degree from injury due to childbirth. Fortunately, the majority of these injuries are not so

*Read before Section on Gynocology and Obstetrics, Michigan State Medical Society, Mt. Clemens, September, 1924.

severe as to require treatment, but every woman who has borne children, should be submitted to a periodical gynocological examination, so that the results of childbirth can be kept under observation.

We believe that to understand the principles of plastic surgery on the birth canal, one should have a practical and intimate knowledge of the anatomy of the pelvic floor and the other structures which support the pelvic viscera. In addition to a knowledge of the normal anatomy, one should understand the changes that these structures undergo during pregnancy, during labor, and after labor.

We have observed that the various text book descriptions of the levator ani group and the so-called pelvic fascia, are so confusing and contradictory that it is extremely difficult for the surgeon to visualize their anatomy with a clarity which is necessary for accurate surgical plastic procedure. Cameron, of Manchester, and other anatomists state that the muscles of the pelvic floor in man are now regarded as vestigial structures, that the levator group in the tailed mammals were used as adductors and flexors of the tail, and that with the assumption of the upright position in man, the function of these muscles changed. Furthermore, it has been brought out by Bland Sutton and others that when a muscle either from morphological or pathological reasons, changes its function, the contractile part is diminished and takes on the character of fibrous or ligamentous tissue. It has been observed by G. Elliott Smith and other anatomists that the muscles which form the pelvic floor, vary considerably in development in different individuals and that they not infrequently contain very little muscular tissue.

After spending considerable time and study in an endeavor to obtain a clearer understanding of the anatomy of the pelvic floor, and so-called pelvic fascia, we have come to the conclusion that for practical purposes, the following description is a satisfactory one, and we shall endeavor to demonstrate our anatomical conception of these structures by use of lantern slides.

The pelvic basin is practically lined by the levator ani muscle, which muscle is covered on both its external and internal surface with fascia. As above mentioned, owing to a state of regression, the proportion of muscle and fascia in this structure differs in different individuals. In some instances there is a full muscular development, and in others the fascia predominates.

Attached to the levator ani fascia at the sides and at the posterior and anterior aspects of the pelvic wall, are various forms of connective tissue which extend to the pelvic viscera and which help support these organs and helps to maintain them in a normal position. This connective tissue which is represented laterally by the parametrium, anteriorally by the so-called utero-pubic fascia, posteriorly by the sacro-iliac ligaments, plays an important part in the support of the pelvic viscera. Cameron accentuates the importance of the pari-vascular fascia which surrounds the blood vessels as they pass from the parietal walls of the pelvis, to supply the pelvic viscera. He believes that this connective tissue contributes an important part towards supporting these organs. The round ligaments and broad ligaments are also connective tissue structures which may have some slight influence in maintaining pelvic support, but this influence is negligible.

When one visualizes a woman standing in the upright position and one looks into dissected pelvis from above, the levator ani presents the appearance of a thin, musculofascial sling which acts as a diaphragm which covers the opening in the bottom of the bony pelvis. The natural orifices, the urethra, vagina and rectum perforate this diaphragm, in which we include for practical purposes the urogenital trigoue.

If one looks at the dissected levator ani, visualizing the woman in the exaggerated lithotomy position, the iliococcygeus portion of this muscle on either side of the median line, spreads out from the coccyx and median raphe like the wings of a butterfly, while the pubo-coccyceus portion which is also thin, presents a ribbon-like appearance and its pillars on either side are intimately connected with the vagina and rectum as they pass backwards and attach themselves to the coccyx. This latter portion of the levator muscle is almost horizontal when the woman is in the upright position. This diaphragm the levatores ani constitutes the chief support of the pelvic viscera.

During pregnancy there is an hypertrophy of the structures which constitutes the pelvic floor and of the connective tissue which supports the pelvic viscera, and in passing it may be stated that there are women in whom this supportive structure is congenitally weak. We have recently seen a woman who had never borne children, who suffers from a marked degree of cystocele and prolapse. Williams states that during the first stage of labor the bag of water distends the upper part of the vagina, and after its rupture the presenting part, which is usually

the head, continues this distension. As the head advances through the hiatus genitalis, the utero-pubic and utero-sacral ligaments are subjected to considerable stretching, and in many instances these supporting structures are actually ruptured. This is particularly so if the head is unusually large and hard. The head stretches the pelvic fascia over the levator ani and may produce, according to DeLee, a real diastasis of the levator pillars, such as obtains in the rectiabdominalis. Studdiford states that the involuntary muscular fibres constituting the perineal body increase in size and strength during pregnancy and that they permit the pelvic floor to dilate during the time of labor, after which they undergo involuntary changes. DeLee states that as the head advances it stretches the vagina radially and longitudinally and it sometimes wipes the vagina and rectum off their fascial anchoring, and that the fascia between the vagina and bladder is stretched or torn, so that the anchorage of the bladder to the upper surface of the levator ani fascia and posterior surface of the pubes is torn.

Anspach states that during the second stage of labor as the head advances through the parturient canal, lacerations of the vagina and perineum may occur in one or two ways—the advancing head may strip the vaginal wall loose from its underlying attachments and push it bodily in front of it, or the muscular loops and fascia that surround the parturient canal and the vaginal outlet, may be so greatly over-stretched as to be completely severed, the tear either passing through the mucus membrane to the surface or being entirely submucus and not communicating with the exterior. Either form of tear may take place in the vaginal sulci or in the median line. When it occurs in the median line, it may involve the perineal body alone, or it may pass directly through the perineal body and the external sphincter into the rectum.

It is obvious that labor produces sufficient stretching, tearing and retraction of the musculo-fascial supports of the pelvic viscera to produce not only the minor degrees of injury to the birth canal, but to produce conditions which result in the extensive forms of cystocele, uterine prolapse and rectocele.

CYSTOCELE AND RECTOCELE

We desire to consider particularly the surgical repair of cystocele and rectocele which forms such an important branch of gyno-plastic surgery, and the proper management of which requires a degree of skill not exceeded in any other department of surgical work.

Our conception of cystocele which is the generally accepted one, is that it is a hernia of the bladder which usually results from trauma incident to child-birth, and which is due to a stretching and actual rupture of the pelvic fascia and other connective tissue which supports the bladder and uterus. And we believe with Watkins that the lesion which occurs is situated in the vescio-vaginal structures near the cervical attachment, and that the rupture in these structures occurs laterally rather than anterio-posterially. As result of this actual lesion and relaxation of the bladder supports, the hernial opening gradually increases, and cystocele varying in size from that of the very first degree to that of a golf ball, a billiard ball, a base ball, or even a croquet ball, may result. The operative treatment in these cases consists in the cure of the hernia on the well-known principles which obtain in the cure of hernia in other parts of the body, effecting the restoration of the bladder and urethra to their normal positions.

Our conception of rectocele is the same as that of cystocele and with Watkins we agree that in high rectocele there is an injury to the recto-vaginal connective tissue and that a hernia is produced which small in the beginning, becomes larger as the result of stretching and retraction of the tissue.

The surgical management of the various forms of cystocele is a big problem in itself, and depends upon the age of the patient, the social condition, and many other circumstances. When the young child-bearing woman presents herself for examination, if we find that the cystocele is very small and that there is no incontinence of urine, or any other discomfort as the result of this birth injury, we do not advise an operative procedure, but we do advise that the patient report for examination every three to six months so that this condition can be kept under observation. It is surprising to observe by periodical examination how much improvement will occur in the relaxation due to some of these birth canal injuries when it is possible for the mother to take excellent care of herself, obtain the proper amount of rest and food, and thereby restore, as it were, her tissue tone. However, if the cystocele which may be causing incontinence and discomfort, approaches the size of a golf ball, we advise a plastic restoration which will in no way hazard her possibilities for future child-bearing. In our own practice we have largely abandoned the interposition operation, even in women who have passed the child-bearing period. The method of Watkins appears to us to be an

excellent one in the management of the larger cystocele. His operation is described as follows: The anterior-vaginal wall is dissected from the bladder and the thin mucus membrane over the fascia is "skinned" off very carefully with a sharp scalpel; the hernial opening is located and is closed by suturing the fascia to the cervix sufficiently high to restore the bladder to its normal position. In cases where there is a prolapsus of the uterus the broad ligaments are cut from the cervix and are attached in front of it, which procedure tilts back the cervix and advances fundus of the uterus.

George Gray Ward has also a method of treating cystocele which appeals to us, and which consists in splitting the anterior wall, exposing the "bladder pillars" or utero-pubic fascia, separating the bladder freely from the cervix and placing it in its normal position. He closes the hernial opening by ligatures which pass through the vaginal mucosa, "bladder pillars" and cervix opposite the internal os. In cases of prolapsus he uses a mattress suture which approximates the bases of the broad ligaments with the view of tilting the cervix fascia.

Watkins' method of curing of high rectocele consists of a similar procedure based on the same principles on which he treats large cystocele. He makes a narrow dissection of the vaginal mucosa along the entire length of the rectcele and peels off the mucus membrane from the fascia and closes the hernial opening by suturing the fascia to the base of the broad ligaments on either side. By the use of additional sutures he effects a firm closure of the hernia.

There are many other methods of plastic restoration in cystocele and rectocele and they are all based upon the principle of curing a hernia which results from stretching and tearing of the connective tissue supports of the pelvis viscera. The question of opening the abdomen in cases of uterine prolapse accompanying cystocele and rectocele, will not be considered at this time excepting to state that it should be done if vaginal plastic restoration is not sufficient.

There are some important points in gynoplastic technic which may be well to accentuate. In the first place this type of surgical work must be done carefully and deliberately. Certain procedures in gyno-plastic surgery are major, and no details must be omitted if the surgeon is to obtain the most successful final results.

A very careful approximation of tissues should always be effected, and the smallest ligature material commensurate with satisfactory tensile strength, and interrupted preferably, is desirable.

Scar tissue does not heal well when approximated and if ligatures are too tightly tied sloughing will occur which will cause discomfort and pain.

In extensive plastic work on the birth canal, one must continually and carefully watch the amount of hemorhage and the patient should never be permitted to leave the table without the absolute certainty that all hemorrhage has been controlled. We have seen death result from hemorrhage after extensive pelvic plastic work in which the patient had been permitted to ooze continually through a prolonged operation.

At the conclusion of our plastic work we routinely insert a self-retaining "Mushroom" ended soft rubber catheter into the bladder and allow it to remain there for 4 or 5 days. We have found this procedure most satisfactory for we believe that it minimizes the danger of infection and that it saves the patient from a good deal of discomfort.

When it is necessary to open the abdomen in addition to vaginal plastic work, the patient's general condition should be properly evaluated, her blood pressure should be taken, and a careful consultation should be held with the anaesthetist before going on with the two stage operation.

I recall the case of an extremely weak and emaciated patient who required a Sturmdorf tracheloplasty, a perineorraphy and a tubal sterilization. We performed three separate operations for three conditions, and believe that the woman would have died had her plastic work been done in any other way.

We deem it timely to state that in our opinion many cases of cystocele and rectocele and many minor injuries to the birth canal, may be prevented by a policy of watchful waiting during labor, and by the intelligent use of forceps and only when their application is indicated.

Furthermore, it is our custom to always empty the bladder by catheterization at intervals during labor and just before the child is delivered; and this, we believe, to be a valuable prophylactic aid.

When the perineum does not dilate readily, a carefully performed and accurately repaired episiotomy will to some extent prevent birth injuries, and in our own personal experience, we have observed that marked cystocele and marked rectocele rarely occur if the above measures are taken.

CONCLUSION

(1) Modern obstetrics and modern gynoplastic surgery make it possible for the child-bearing woman to return to her family

and to society in a state of health and efficiency.

(2) Plastic restoration of the birth canal requires on the part of the surgeon an intimate knowledge of the normal anatomy of the pelvic floor and of the structures which support the pelvic viscera; furthermore, he should be familiar with the changes that these structures undergo during pregnancy, during labor and after labor.

(3) Every mother during her child bearing period should be submitted to periodical gynocological examination, so that the results of birth injuries can be under observation and so that plastic restoration, or other treatment can be accomplished when it is found necessary.

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THE PRE-NATAL MATERNAL HEART*

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The question of whether a diseased maternal heart will carry on through pregnancy is and has been one of the problems of the practitioner. It should also be our consideration whether we can prevent an early or mild lesion of the heart or great vessels from becoming more severe during this period of strain upon the heart. To this end the early diagnosis of pathological conditions of the heart and aorta becomes one of the important points of pre-natal examination.

A pre-natal patient with subjective symptoms of precordial pain, increasing dyspnea or chronic cough gives us early indications of cardiac disturbance. Swelling of the lower extremities and enlargement of the liver occuring as they do in the pregnant woman independent of heart condition are not always a help to us in our estimation of the cardiac ability. Not only the heart should be examined for cardiac disease, but also a general survey of other conditions which may effect the heart, such as high blood pressure, the various toxemias, focal infections, syphilis, and the every day habits including the work the patient may be doing, should be taken into consideration.

For a proper heart examination the patient is exposed to the waist. Notice is taken of abnormal pulsations and the position of the apex beat as well as palpitation of the heart and pulse. Percusing for size and shape, and ausculation of heart and lungs, functional tests and X-ray examinations in all cases where there is a slightest doubt of the condition, are carried out at our clinic, in an effort to give us correct diagnosis and prognosis.

Our first and most important problem is to differentiate the functional murmur from one which is the result of some pathological condition. Functional murmurs are very common, occurring at any period during pregnancy, and though usually described as being soft in character, systolic in time and occupying the pulmonic area, many are much more baffling, being heard anywhere in the precordia. Early mitral regurgitation, aortitis and small aneurisms are the chief obstacles, often giving us no definite findings except the systolic murmur. The presence of a syphilitic or rheumatic history, nephritis, or hyperthyroidism, as well as the size and condition of the heart, are points required before some of the murmurs can be classified.

No matter what the type of heart, whether it be mitral or aortic valvular disease, hypertrophy from high blood pressure, thyroid disease, or whether it is syphilitic or rheumatic in origin, its reserve power as shown by response to exercise is important in giving us our estimation of the heart's present ability. We judge the heart by the functional reserve power, the amount of hypertrophy, its origin and rate of progress, and rate and rhythm of heart actions.

During the year 1923 at Station 1 of the Pre-natal clinic of the Detroit Department of Health, with an attendance of 1,347 new pre-natal patients there were some 151 heart conditions of various severity classified as follows:

Functional murmurs	80 cases
Mitral regurgitation	25 cases
Mitral stenosis	5 cases
Combined mitral regurgitation and mitral stenosis	2 cases
Aortic regurgitation	2 cases
Aortic stenosis	2 cases
Aortitis (Syphilitic)	3 cases
Myocarditis	2 cases
Sinus arrhythymias (marked)	4 cases

*Pre-Natal Clinic—Detroit Department of Health.

Extra systoles	5 cases
Heart block	3 cases
Tachycardias (simple)	2 cases
Hyperthyroid hearts	5 cases
Aneurism	2 cases
Hypertrophy of heart secondary to nephritis	3 cases
Hearts not diagnosed	5 cases

A few histories follow:

CASE HISTORIES

Mrs. H. S.—R. P. O. N. 2—Para 8. History negative, Wassermann negative, blood pressure 128-80. Physical examination—mouth, diseased teeth; throat, diseased and hypertrophied tonsils; heart, systolic murmur at the apex, transmitted over the entire precordia. Pulmonary second accentuated. Heart enlarged outward 2 c.m. beyond mid-clavicular line. Functional test, good. No signs of decompensation.

Abdomen—Diastasis recti muscles.

Vaginal—6-8 weeks pregnant. Confirmed by sugar test.

Diagnosis—Mitral insufficiency, cardiac hypertrophy, pregnancy.

Progress—Bi-monthly visits showed no unusual changes until the sixth month when she complained of moderate dyspnoea. Digitalis and limitation of activity were prescribed. Outcome, normal delivery, 20 minutes labor. Birthweight 6 lb. 4½ oz. Post-natal examination shows general heart findings unchanged.

Mrs. R. S.—4—Para 4. History negative. Wassermann negative. Blood pressure 120-72.

Physical Examination—Throat, bilateral moderately enlarged cystic thyroid. Heart, double murmur. Heart best over base of heart, transmitted over entire precordia and into the large vessels of the neck.

Heart enlarged moderately to the left. Heart function fair. X-ray of heart showed transverse heart with some widening of the aorta. There was an unusual prominence of the arch. Under fluoroscopic observation marked pulsation was noticed in this area. The shape was of double mitral lesion. Findings both fluroscopically and by the steroscopic films was suggestive of a small aneurism of the arch of the aorta.

Liver—Enlarged two finger breadths.

Abdomen—28 weeks pregnant.

Progress—No unusual changes during bimonthly visits.

Outcome—Confined at Herman Kiefer Hospital. Delivery normal, 6 hours and 50 minutes. Baby's weight 5 lb and 15½ oz. Post-natal examination—no change in physical findings of circulatory system.

Mrs. S. K.—R 48—Para 14. History claims to have had chronic bronchitis for past seven years, during this time she has had a persistent cough, at the present time is receiving treatment for syphilis at the venereal clinic. Wassermann ++++. Blood pressure 130-80.

Physical Examination—Lungs, broncho vesincular breathing with dry crackling rales at the end of inspiration over the entire chest.

Heart—Pre-systolic murmur heard best at the fourth left intercostal space transmitted over the entire precordia. There is a marked enlargement of the heart to the left. Heart functional test poor as shown below. Before exercise, pulse 96 regular. After exercise, pulse 134 regular. One minute rest, pulse 134 regular. Two minute rest, pulse 110 regular. Four minute rest, pulse 89 regular.

X-ray report June 27, 1923—Extreme enlargement of the heart to the left and widening of the mid-sternal shadow. Fluroscopic examination of the media-stinum shows an expansible mass which coincides with the arch of the aorta. The mass protrudes to the left and shows marked pulsation.

Diagnosis—Aneurism of the arch of the aorta.

Progress notes—During the first six months of pregnancy, complaining of a persistent cough and some dyspnoea. At six months had sharp severe pains over precordia following effort. Digitalis and complete bed rest prescribed at this time. During these months there was a gradual increase in blood pressure until the ninth month when blood pressure was 170-95.

Outcome—Patient confined at Herman Keifer Hospital September, 1923. Delivery—R. O. A. Labor twelve hours, baby living, weight 6 lbs. 7 oz. Two months later patient died suddenly at her home due to rupture of aneurism.

TREATMENT OF HEART DISEASE IN PREGNANCY

Our cardiac cases are divided into three classes for purposes of treatment. First—Those cases of functional disturbances requiring other than ordinary prenatal care and reassurances. These include the sinus arrythmias, the functional murmurs and simple tachychardias. The second class are those cases where there is a definite organic heart condition, but with compensation normal. In this class we include not only the organic valvular lesion, but also the conditions such as the myocardial degeneration resulting from hyperthyroid states, focal infections or the various toxemias of pregnancy also the nephritic hearts and diseases of the large vessels. This class of cases requires careful observation at each prenatal visit, with a diminution so far as possible, of all effort on the part of the patient. She is instructed regarding the extent of her household duty. Syphilis is actively treated in all our cases from the first visit. Toxemias are combated with diet and elimination, thyroid toxemias with a rest—mental and physical. Diets are given all cardiac cases in an effort to remove all abdominal over distension and flatulence. Cases of this class generally go on through pregnancy and to normal delivery in good condition.

The third clas of cases are those with some degree of decompensation, where cardiac symptoms increase as precordial pain, increasing dyspnoea, oedema, increase in the irregularity of the pulse, or enlargement of the heart, or at the first sign of pulmonary oedema, such as moist crepitations at the base of the lung they are immediately sent to the hospital where complete control of the patient is secured. Absolute rest in bed, elimination, and digitalization is carried out. Active interference of pregnancy is seldom required. Forceps are indicated in this class of cases to relieve the mothers effort as soon as there is complete dilation.

With early and constant observation during the prenatal period, the care of a cardiac disturbance is usually satisfactory. We have had no mortality during the prenatal period or at the period of delivery from circulatory disturbances.

One case, No. 159, with severe mitral stenosis, died from cerebral embolism twenty days after delivery. Another case, No. 88, with marked cardiac decompensation, secondary to chronic nephritis, entered our clinic July 21, 1923, during the seventh month of gestation. Because of severity of the case she was immediately sent to Herman Kiefer Hospital, where labor was induced July 28, 1923. She improved rapidly and was discharged from the hospital. She became worse at home, entered Receiving Hospital August 29, 1923, where she died September 8, 1923, with a hospital diagnosis of chronic myocarditis and acute cardiac decompensation. The above cases together with the one reported above, dying from ruptured aneurism two month post-partum, remind us that all danger is not over after the confinement, and emphasizes the necessity for post-partum care in these cases.

THE TREND OF HEALTH EDUCATION AMONG SCHOOL CHILDREN

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There seems to have been five stages of health education among school children during the past twenty years. You are all familiar with the physiology text book stage, though this hardly deserves the name of health education. Physiology was taught as a pure science, with no idea of personal application, except those parts pertaining to ill effects of alcohol, tobacco and narcotics. Unfortunately, some schools have not yet outgrown this stage. I recently observed a lesson on the eye, the instructor talked about the re-ti-na of the eye, as unrelated to the personal hygiene of the eye as the lens of a camera.

Time will not permit me to trace fully the evolution of health education to its present status, but it is an evident fact that the evolution to its second stage was brought about by the Public Health Nurses and Physicians. It was the nurse and physician who, coming in contact with school children, found that many conditions contributing to poor school attendance were due to faulty health practices, such as insufficient sleep and rest, unwholesome food habits, lack of fresh air, etc. So the nurse undertook the colossal task of teaching the children by giving personal advice to children, concerning health habit formation and the correction of defects. The nurse gave health talks, conducted tooth-brush drills and, handkerchief drills. She was forced to make her entrance before the children a spectacular thing that should hold over until her next visit in a week, a month, or a year. This work was done necessarily in a very informal manner, and the children loved it, and responded splendidly.

But what was the most far reaching effect of these health talks? Through these talks was born to the teacher a new consciousness of education for life—for healthy living. She practiced health habits herself and found that they worked. She began to work with the children, helping them to form the good habits suggested by the nurse, and behold, she found that pupils attended school more regularly and did a higher grade of work. Now every teacher is eager to make a good record for herself through her class work and she will welcome anything that will help her to attain a better record. She found that the informal teaching of the nurse was more effective than the usual formal class room teaching. She became less formal in all of her teaching and again attained better results. The teacher thus began to follow up and supplement the health teaching of the nurse, marking the third stage in the evolution of health education.

Then a wonderful thing happened that gave a new impetus to health education throughout the country. So keen an interest in health education was being manifested by teachers and other health workers that in June, 1922, the American Child Health Association and the United States Bureau of Education, called a working conference of 100 health education specialists at Lake Mohonk, N. Y., the purpose of the conference to determine:

1. Who should teach health?
2. How should health be taught?
3. What should be taught in health?

After one week of intensive study some resolutions were unanimously adopted that have done more to standardize health education than any other single factor. The first question as to who should teach health was answered definitely. The classroom teacher is obviously the one to teach health because she has access to the children every day. The teacher must have the aid of nurse and physician to enable her to become a good teacher of health, but eventually teachers must be taught in the normal schools how to teach health to children. The second question: "How should health be taught?"

Shall we use a textbook, and teach health as physiology was taught? Decidedly no! Health education cannot be confined to one place and time, it must permeate the whole curriculum by making it a part of the instruction in all other subjects. The third question: "What should be taught in health?" was answered in only a general way. In the first three grades emphasis should be laid on health habit formation in relation to food, rest, exercise, cleanliness, posture, air, clothing, and mental attitudes. In its first stages health education should be largely a matter of unconscious response to the right kind of environment. Later on the children must be given the reasons for health practice, and only as much of the pure science of anatomy and physiology as shall lead to a better understanding of the underlying principles of healthy living.

Following the Lake Mohonk conference The National Education Association defined the seven cardinal objectives of education. Notice the order in which these appear:

1. Health.
2. Command of the fundamental processes.
3. Worthy home membership.
4. Vocational guidance.
5. Citizenship.
6. Avocation, or proper use of leisure time.
7. Ethical character.

Why was health placed first among the seven cardinal objectives of education? Obviously because none of the other six objectives could be fully attained without health. This marks the last stage in health education, where health takes its rightful place to be taught not by nurses alone, not by nurses with the help of teachers, not by just the interested teacher, but by every teacher in the school system, not in a haphazard manner, but in a well defined sequence with even more care than the fundamental processes of the three R's. Today the up-to-date schools are working on a health education curriculum that shall meet the needs of the children in their own communities. This curriculum is covered, not as a separate subject, but as a part of the lesson in reading, writing, arithmetic, English, drawing, music, biology, nature study, the practical sciences, and the social sciences, like civics, history and geography.

A KINDERGARTEN PROGRAM

Habit formation:
- Removal of wraps, rubbers, etc.
- Proper use of toilet.
- Washing hands before taking food.
- Use of handkerchief, care of nose, covering of mouth when sneezing or coughing.
- Cleaning of nails with toothpick.
- Avoid putting things in mouth.
- Learning to drink slowly.
- Daily rest period.

Devices, Posters:
- Inspection posters.
- Trip to Heatherland.
- Weight chart.
- The cow's friends (all the children who drank milk).

Songs:
- "Good Morning."
- "This is the Way We Wash Our Face."

Stories:
- "Why Children Did Not Like to Play With Johnnie."
- "Big Brother."

Rhymes:
- Suggested by Metropolitan Mother Goose.

School Lunch:
- Milk and wafers.
- Made a social function, leisurely.
- Often music with lunch.

Rest Period:
- Directly following lunch.
- Lying prone on paper, blinds drawn, soft music.

Sleep Project:
- Clock faces made by children and taken home to tell the time to retire.

Doll Houses:
- Construction with large blocks.
- Plenty of light and air.
- Bathroom, cla y tub, tiny toilet seat.
- Sleeping room windows always open.
- Doll undressed, bathed, teeth cleaned.
- Put to bed at proper time.
- Washed and dressed, teeth cleaned in morning.
- Doll rests on davenport after lunch.
- General house cleaning.
- Washing and ironing for clothing and bedding.
- Proper airing and making of beds.

Conversation Period:
- Rules of the game.
- Care and protection of the body.
- Milk, fruit, vegetables.
- Care of hair, bathing, teeth.

Picture Studies:
- Pictures of happy children,—why they are happy.
- Easter bunnies eating green vegetables.

Safety First:
- Street car of blocks. Traffic cop.

Posture:
- Choice of chair of right height.

Mental Health:
- Try to create right environment, avoid hurry, fear, shame.

HEALTH OUTLINES IN THIRD GRADE

- General cleanliness.
- Care of teeth.
- Care of eyes.

Food:
- Menus—
  - Wheat and other grains (geography correlation).
  - Fish, stock raising, dairying.
  - Milk at school.

Chidlren of Other Lands:
- Holland—their food.
- Eskimos—their food.
- Jerusalem; the wise men—their food.

Clothing:
- Steriоptican on wool, cotton, silk, leather, fur.

Posture:
Blackboard sketches.
Exercise:
Trunk bending, deep breathing arm and leg exercises.
Poems by:
James Whitcomb Riley.
Eugene Field.
Robert Louis Stevenson.
Like to Do Stories.
The girl Who Loved Mercy, Florence Nightingale.
Water:
Four glasses a day.
Health Club:
To help brothers and sisters at home to form good habits.
Safety Club:
Rules of Safety.
Rest:
Relaxation at school, and at home.
Goitre Prevention:
All pupils with goitre are taking some form of iodine, and four of those without are taking it as a preventive.
Happiness:
Fostered by doing for others.

SOME INTERESTING GEOGRAPHY CORRELATIONS FOR THE FOURTH GRADE

General Aim:
To show that people live and act in certain ways as a response to certain geographic conditions.
1. Typical regions of the world were studied.
2. Imaginary journeys were taken.

A TRIP TO ESKIMO-LAND

Home and Foods:
Not sufficient air in houses.
Air and sunlight bring cheerfulness.
Sun is purifier of the air.
Some seasons of the year sun never shines.
Conclusions:
We are healthier when we are happy.
Sunlight makes us happy.
Sunlight makes healthful foods grow.

A TRIP TO THE DESERT

Discussion of Oasis:
Depth of spring has much to do with purity.
Natural filtration.
In Choosing a Home, consider:
1. A place that has good water.
2. A place that has deep wells, or
3. Use filtered water.
4. Vote for pure water for your city.

A TRIP TO CENTRAL AFRICA

Story of Livingston was read and discussed.
Conclusions:
Not a very healthful place in which to live because
1. It rains too much.
2. Dampness and heat make one feel tired and lazy.
3. Breeds mosquitoes, spreaods malaria.
4. Swamps in Saginaw breed mosquitoes.
5. Swamps are oiled every spring to kill mosquitoes.
6. Swamps should be drained whenever possible.

STUDY OF THE DUTCH

Cleanliness:
1. In the home.
2. In the streets.
3. Clean about work.
4. Especially clean with animals—cows.
5. Clean cows give better milk.
6. In city milk is pasteurized.
7. Bottles are washed by machinery.
8. What does Health Officer do to Help Keep City Clean.

RESULTS

Dental corections..100%
Tonsils .....Four corrections and four promises for summer corestions,
Glasses 100%

Formation of health habits.
Contest throughout the building, dental corrections.
Toxin-antitoxin given to eighteen children.
Thirteen children vaccinated this year.
Weight up, to height, splendid results tabulated.

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How to Live Long.

A HEALTH PROJECT IN A FIFTH GRADE, AS WORKED OUT BY MISS MURPHY, CIVIC CLUB

Aim:
1. To make every child in school and home as healthy as possible in body and speech.
2. To encourage health habits at home and at school.

Pledge:
I pledge attention to my health,
To keep my body sound is wealth.
I promise cleanliness today
Shall start me smiling on my way.

Committees:
Information.
Printing.
Morning Inspection.
Athletic.
Circulating.
Health in the home.
Health picture.

Information Cimmittee:
To find out all they can about health and place books and information on bulletin and in library.

Printing Committee:
Printed signs for posters.
Made health movie.
Made book covers.

Inspection Committee:
One child in each row made inspection.
Inspectors wore badges made in art class.
Sang health songs during inspection.
Base ball diamond used for record keeping, home run for perfect score.

Athletic Committee:
Games and outdoor sports.
In charge of intermissions.
In charge of rest periods.

Circulating Committee:

Gave health talks to other rooms.
Taught songs to first grade pupils.
Gave health demonstrations in other rooms.
Helped with parent-teacher program.

Health in the Home Committee:

Planned Parent-Teacher program.
Kept check-up on home habit formation.
Invited Health Officer and Nurse to speak.
Presided at Parent-Teacher meeting and introduced speakers.

Health Picture Committee:

Originated Health Movie and put it on in every grade.
Put on health program at school assembly.

WRITTEN ENGLISH COMPOSITIONS

"On the Road to Health."

Many people in our room are healthy. Some are under weight. Those that are under weight are not drinking coffee or tea, but instead are drinking milk or cocoa. I think by the end of the month every one in our room will be healthy.

"How to Keep Our Teeth in Good Condition."

To keep your teeth in good condition brush them at least once a day. Go to the dentist and have him clean your teeth so they do not decay. Eat lots of vegetables and coarse food. Do not bite hard things, as nuts and hard candy. Drink plenty of milk to keep your teeth sound. If you do all these things for your teeth you will always have good, strong, and white teeth.

"What a Tooth Brush is For."

A tooth brush is to brush your teeth, and not to brush your dollie's hair or to wash your hands with, as some little folks do. Keep your teeth pearly. I am trying to, are you?

"Which Means More, Money or Teeth."

Teeth means more than money, for if you lose a dollar you can get another, but if you lose a tooth it is gone forever. So keep your teeth clean at the danger line or where the teeth meet the gums.

"My Hardest Health Habit."

"Drinking milk, but not tea or coffee," is my hardest health habit. Every week that I drink milk but not tea or coffee I get a foot ball on the chart. When ten weeks were ended we saw how many had ten foot balls. The ones that have ten foot balls are called a star foot ball player. I am a star foot ball player. It was hard work, but I won just the same.

"My Hardest Health Rule."

When we started our health work I never could keep the rule of brushing my teeth at least once a day. I soon got used to it and now brush them twice a day. I hope during vacation I will brush them just as often even if I haven't somebody to check me each day.

"The Improvement."

Our health has improved a great deal from the time we started. We all are healthy and strong and all have been to the dentist. All of us follow the health rules, and report earnestly. We find ourselves much happier by following the health rule.

"Health Rule During Vacation."

During summer vacation I am going to try to be well and happy. I am going to make a chart and check up every day. I hope the other children will keep the health rules, too.

HEALTH LAND PRESS

A second grader used a little hand printing press, and wrote the following stories, in one inch lettering and placed them on the school bulletin.

BOWEL MOVEMENT

You should eat good food, but you must also get rid of what is left in the bowels. If you can get in the habit of moving the bowels thoroughly twice a day—after breakfast and after supper—so much the better.

Food is the best thing to make your bowels move. That is one reason that you need foods that fill you like cabbage, beets, onions, and carrots.

Some food which make the bowels move freely are: figs, fruits, vegetables, butter and cream.

WATER

We cannot live without water. Water helps to change our food into blood. Water will enable us to live, if nothing else is to be had for a number of days.

We get rid of a great deal of water all the time, so we must drink much pure water.

Drink at least four glasses a day. It is better to drink six or eight.

Does your body get enough water?

These are the charts which I used for reading lessons. Each chart was left up for about a week. The children enjoyed reading the lessons to each other between bells.

JACK

This is Jack.
He went to bed at seven.
He sleeps with the window open because he wants to be healthy.
Jack knows that sleeping will bring good health.
Do you go to bed at seven?
Do you sleep with your window open?

EATING

Many people do not eat the right kind of food.

In order to have healthy stomachs we must be careful what kinds of food we eat, how we eat and when we eat.

We must eat vegetables every day.

Carrots and lettuce are very good for us. They give us iron.

Oral Lauguage Work—The following story was made by a first grade child just from looking at a silhouette.

"The Ice Man."

The ice man is taking ice to a lady. They want ice to make ice cream. He has printed on his wagon—Ice—so the people will know that he has ice. Then they will go and get ice from him. The man takes the ice in the house.

The man has two horses, Blackie and Black Beauty. They must be twins because they are both black and the same size.

The people want ice to keep their vegetables fresh and milk from getting sour. They want the tomatoes and celery to be good.

We use ice to make ice cream. One time mother, Bobby and I made some. When Daddy came home we gave him some. I just love pink ice cream. Ice cream is healthy for us.

—Dorothy Mitchell.

SIGNIFICANCE OF THE COLLOIDAL PROPERTIES OF GELATIN IN SPECIAL DIETARIES

THOMAS B. DOWNEY, Ph. D.[1]

An examination of the dietetic possibilities of gelatin from a chemico-physiological standpoint reveals a number of properties which should make this unique food product a valuable addition to special dietaries, par-

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ticularly those in which milk forms the sole or major portion. In such dietaries gelatin functions as a protein food to the extent of the utilization of its amino acids by the body and in addition possesses marked activity as a protective colloid and emulsifying agent. Practical observations in clinics and hospitals as well as experimental work in laboratories indicate that these characteristic properties of gelatin as a colloidal substance exert a most significant influence in promoting digestion and absorption of certain types of foods.

The importance of this colloidal activity of gelatin where fed in conjunction with dairy products has been demonstrated by the writer in feeding tests with the albino rat. Shortly after weaning, the young from several litters were divided into two groups; one group received pasteurized whole milk as its sole diet, the other pasteurized whole milk containing one per cent of gelatin. Observations extending over a period of six months showed that the growth and physical well being of the group fed on gelatinated milk was markedly superior to animals fed on the plain milk diet. The increased growth was accomplished on smaller food consumptions. In fact, during the early growth period for equivalent gains in body weight the animals on gelatinated milk consumed about 23 per cent less food than the group on plain milk.

Another striking illustration is found in the writer's experiments with ice cream. Over a period of seven weeks it was observed that a group of rats fed on an exclusive diet of ice cream containing one per cent of gelatin gained no less than 25 per cent more in body weight than was the case with their brothers and sisters whose diet was plain ice cream. For equivalent gains in body weight, the food consumptions of the group few on the gelatin-containing ice cream was much less. Smaller percentages of gelatin resulted in proportionate improvements. It is important to note in this connection that the better nutritional status of the gelatin ice cream group after a number of months on the diet was reflected in continued health and growth, and in increased bone development and reproduction in several cases.

It should not be presumed that the observed improvements of the dairy products are due entirely to the added protein value of the gelatin, but possibly more to the protective colloidal and emulsifying effects that it confers. The digestive processes are essentially colloidal phenomena, whereby fats, carbohydrates, and proteins are ingested in the colloidal condition and changed by the various enzymes to degradation products capable of absorption by the body. To accomplish the formation of these simpler substances, the enzymes must come into intimate contact with the food particles. If, perchance, the food particles are present as large, tough masses, as is the case with cow's milk coagulating under the influence of the hydrochloric acid and rennin in the human stomach, the contact surface of the enzymes with the food is limited and gastric digestion is delayed or impaired. Various specialists have described experiments in vitro as well as with humans which show that the coagulation of cow's milk by acid and rennin is prevented or modified in character in the presence of relatively small amounts of gelatin. This effect is spoken of as protective colloidal action and it is interesting to note that gelatin is one of the most efficient of all known protective agents. Gelatin is also a good emulsifying agent and it is quite probable that it aids the secretions of the alimentary apparatus in the emulsification of fats.

In discussing the digestibility of milks, Chapin says that those animals whose stomachs form the larger percentage of the digestive tract and their digestion is largely gastric produce milks that form tough curds, as for example, the cow. In contrast is the human whose stomach forms only about 20 per cent of the digestive tract. Human milk curdles in light flocculent masses. It has been pointed out by Alexander that human milk contains a natural protective protein in large amount, which is present in small amount in cow's milk. It would seem, that the addition of such a protective agent as gelatin to cow's milk would make it particularly suitable for infants, and such has been found to be the case, as is testified to in pediatric literature.[1]

In like manner, gelatin has been shown to be of value in other dietaries composed largely of dairy products. For example, Hawk reports that the addition of gelatin to the milk-egg diets of tuberculosis patients resulted in decided nutritional improvements with the majority of the cases tried.

The experiments described suggest the advantages that are to be derived by the utilization of gelatin in other dietaries. The protective colloidal and emulsifying action of gelatin promotes the digestion and ab-

1. See, for example: Jacobi: "Intestinal Diseases of Infancy and Childhood," 1887, p. 79; Starr and Westcott: "Diseases of Children," 1900, 23; Griffith: "The Care of the Baby," 1908, 386; and Friedenwald and Ruhrah: "Diet in Health and Disease," 1923, 295, 466. On the utility of gelatin in chronic intestinal infection, see Herter: "Intantilism from Chronic Intestinal Infection," 1908, 101.

sorption of various types of foods. It is also misleading to assume that gelatin as a protein is of insignificant food value.

Feeding tests by McCollum and by Osborne and Mendel have shown that with certain cereal grains gelatin is exceptionally well utilized, presumably through its high content of the amino acid lysine. Also, with milk proteins gelatin is of value, as has been found by Sure. In combination with milk in the liquid form, it is believed, however, that the colloidal properties are of greater significance.

THE CLINICAL SIGNIFICANCE OF ACIDOSIS AND ALKALOSIS

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The subject of acidosis has aroused considerable interest in the past few years, not only to the biochemist, but also to the internist. The subject is rather a deep one, involving many biological and chemical problems that are not completely understood. At this time, the research work has gained sufficient progress to be of definite value in medicine. The men in the field that have brought the work to its present status are such men as Van Slyke, Haldane, Marriott, Henderson, Sellard, Myers, Austin and many others. However, the purpose of this paper will be to cover the practical phase of the subject from the facts already known. Until just recently it was thought that acidosis existed only when acetone bodies were found in the breath or urine, thus occurring in advanced cases of diabetes only. We now know that it occurs as a complication of many pathological conditions and frequently without an increase in acetone output.

The normal reaction of the body fluids is slightly but definitely alkaline and the variation of this reaction compatible with life is very narrow. The blood or body fluids are never acid, even in a severe so-called acidosis. The constancy of this reaction is well within the limits of distilled water which is neutral, and tap water, which is slightly alkaline.

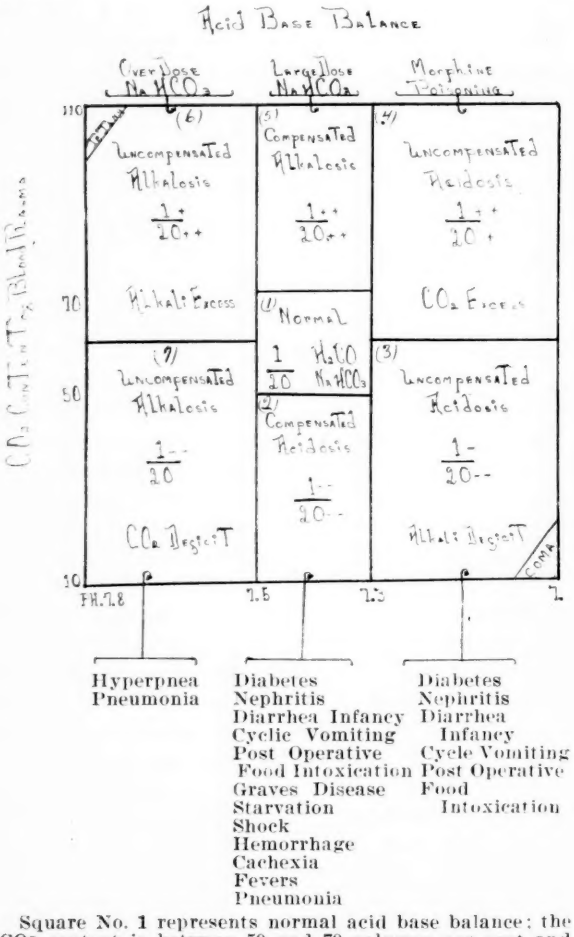
The reaction of a solution depends upon the relative proportion of dissociated H and OH ions. If OH ions are in preponderence it is alkaline, if H ions are in preponderance it is acid. In distilled water the dissociation of H and OH ions is equal, thus it represents true neutrality. In order to avoid complicated detail and time it will suffice to say that the H ion concentration of distilled water is expressed as Ph. 7. This is a logarithmic notation, originated by Sorenson. The Ph. or H ion concentdation of the blood normally lies between Ph. 7.3 and Ph. 7.5, but the limit of H ion concentration in which life can exist is between Ph. 7 and Ph. 7.8.

The principal elements in the system that are responsible for this constant slightly alkaline reaction are acid and alkaline phosphates, bicarbonates and proteins, the latter being amphoteric reacting with either an acid or an alkali. These substances are called buffer substances of the body fluids and are capable of neutralizing a considerable amount of either acid or alkali without changing the reaction of the body fluids themselves. The above chemical mixture affords ideal conditions in maintaining the normal acid base balance. In explanation, for example, take a suspension of calcium carbonate which is neutral in reaction and add a small amount of strong acid such as hydrochloric and the suspension remains neutral. Though a neutral substance, it has a high tritation value and will not change in reaction until the supply of calcium carbonate is exhausted. These buffers in the body fluids react the same as calcium carbonate when an acid is added to them, i. e., the reaction remains the same, but resulting in a gradual depletion of the buffers. Therefore, generally speaking, by acidosis we mean a depletion of the buffers in the tissues.

In the process of normal metabolism there is a constant production of acids such as carbonic acid, organic acids, acid phosphates and diacetic acid. These are either neutralized by the buffers or eliminated through the lungs, kidneys, skin and bowel. Thus an almost constant Ph is maintained. The bicarbonates are most important of all the buffers in maintaining this normal acid base balance. They not only neutralize the acids in the system, but they are also the media through which the carbonic acid is carried from the tissues to the lungs for elimination. If for any reason there should be an over-production of acids, or improper elimination of the acids, then the bicarbonates and the bicarbonate carrying power of carbonic acid would be diminished, thus there would be an accumulation of carbonic acid in the system.

Thus the molecular ratio of carbonic acid to sodium bicarbonate is constant in a normal individual, this ratio is 1:20, that is, 1/20 is carbonic acid and 19/20 is sodium bicarbonate. Any variation of this ratio will result in either an alkalosis or an acidosis. In other words, this ratio bears a direct relation to the hydrogen ion concentration in the system, i. e., if the numerator is increased and not the denominator, an acidosis exists, and visa versa. It has also been found that the normal carbon dioxide content of blood plasma lies between 50 to 70 volumes per cent (i. e., 1000 c.c. of blood plasma contains from 500 to 700 c.c. of carbon dioxide if all the carbon dioxide is liberated) under 50 volumes per cent, would be an acidosis, over 70 volumes per cent, would be an

alkalosis. Clinically, this does not always hold true, as will be seen from the following diagram.



Square No. 1 represents normal acid base balance: the CO2 content is between 50 and 70 volumes per cent and hydrogen ion concentration between Ph. 7.3 and Ph. 7.5. The minus and plus signs in squares 2, 3, 4, 5, 6 and 7 represent a relative increase or decrease of numerator (acid) or denominator (alkali). For instance, in square No. 2 the numerator and denominator are both decreased proportionately so that the ratio remains the same. In square No. 3 the numerator and the denominator are both decreased but a greater proportionate decrease of the denominator. The relative changes are also found in squares 4, 5, 6 and 7.

Acidosis is a complication encountered most frequently in diabetes. In this condition there is an accumulation of ketone acids in the system. These acids or acetone bodies are the result of incomplete oxidation of the fats. The complete oxidation of the fats is dependent upon the stimultaneous oxidation of a certain amount of carbohydrates (Ration 2.5-1). Even though we have a high blood sugar in diabetes, the sugar is not available without the presence of pancreatic enzyme. The fats are catabolized to acetone bodies in the absence of this enzyme, i. e., this enzyme is responsible for the utilizatio nof the carbohydrates which in turn completely oxidizes these acids. Thus in diabetes there is a missing link in the complete oxidation of fats and carbohydrates, the result in an accumulation of diacetic and B oxybutyric acid in the system. These acids deplete the buffers with a resulting acidosis. If this missing link is replaced in the form insulin the incompletely oxidized acids are oxidized by the carbohydrates and the acid base balance is again re-established.

The acidosis of nephritis is due to improper elimination of acids and not an overproduction of acids, as in diabetes. In this condition there is no disturbed fat and carbohydrate metabolism, thus no increase in acetone bodies. However, the result is the same whether the acidosis is due to diabetes, nephritis, starvation, cyclic vomiting, or diarrheas, i. e., the buffer substances are depleted, the CO 2 content of the blood is diminished and acetone may or may not appear in the breath and urine.

It will be well to give special mention of post-operative acidosis. Reinman and Bloom have reported acidosis in 72 per cent of post-operative cases. These cases would be minimized if no cathartics were given and the patient permitted to have a normal diet with sufficient carbohydrates up to and including the night before operation. Prolonged anaesthesia and excessive manipulation of tissues also predispose to acidosis. These patients usually suffer from severe gas pains, vomiting and restlessness for several days following operation.

The clinical signs of acidosis are seldom evident until in a rather advanced state, or stage of decompensation. Change in breathing is usually the first symptom. The breathing is deep, accelerated and without a pause. The skin and mucous membranes have a bright red color. The patient is restless and drowsy, coma may develop.

Thus early diagnosis of acidosis depends almost entirely upon laboratory tests of blood, urine and alveolar air. The clinical signs may not be detected even in uncompensated cases and no doubt are frequently overlooked. Laboratory methods, however, will give definite information of the stage of acidosis.

The following tests are given in order of their value:

(1) Co2 content of blood.
(2) Sod-bicarbonate tolerance test.
(3) Co2 tension alveolar air.
(4) Acetone bodies in urine.
(5) Hydrogen ion concentration of blood.

The CO2 content of the blood is readily and accurately determined by the Van Slyke method and within a short time will be more or less a routine hospital procedure. As stated before, the normal limits of CO2 content of blood plasma lies between 50 to 70 volumes per cent. Anything over this is considered an alkalosis and anything under an acidosis.

The sod. bicarbonate tolerance test of Sellard's is applicable to all types of acidosis and the most simple of all the above tests. It depends upon the effect of akali administration

on the reaction of urine. A normal individual requires from 5 to 10 grams of sod. bicarbonate to change urine alkaline. A definite acidosis without any clinical signs will require 20 to 40 grams to change the urine alkaline. In advanced acidosis 60 to 120 grams must be administered before a change in reaction is noted.

Normally the alveolar air contains 5.5 per cent carbon dioxide. In a severe acidosis this may go as low as 2 per cent. By the Marriott method this test has become much simplified. The H ion concentration test is impractical and seldom used. Other tests give evidence only in certain conditions of disturbed metabolism and are not standard tests of acidosis.

Heretofore the treatment of acidosis consisted in giving large doses of sod. bicarbonate. Large doses of sod. bicarbonate taken into the system change the relation of sodium, potassium, calcium and magnesium in the body. This changed ratio in certain conditions has been shown to be harmful. The sod. bicarbonate neutralizes the acids, but if given in excessive doses, may develop tetany. Sod. bicarbonate may be given in certain cases, especially acidosis of nephritis. However, most of the cases of acidosis are due to improper fat and carbohydrate metabolism and quite frequently due to insufficient carbohydrate ingestion. Thus, by giving carbohydrates in the form of glucose by mouth, per rectum or intravenous injection we treat the cause of the acidosis. The oxidation of carbohydrates burns up the incompletely oxidized acids in the system, thus reestablishing a normal state of affairs. Most cases of acidosis clear up immediately on this treatment. In some cases insulin may be given to stir up the flame of carbohydrates, which again establishes a normal situation.

SUMMARY

(1) In acidosis the buffers of the system are depleted with an altered ratio of carbonic acid to sod. bicarbonate in the body fluids.

(2) Most cases of acidosis are due to disturbed metabolism of fats and carbohydrates.

(3) Acidosis is a complication of many diseased conditions.

(4) Earliest clinical signs of acidosis are: hyperpnea, absence of cyanosis, restlessness, drowsiness.

There are three practical tests for acidosis.

(1) Determination of CO2 content of blood plasma, Van Slyke method.

(2) Determination of sod. bicarbonate tolerance, Sellard test.

(3) Determination CO2 tension of alveolar air.

These tests will in the near future be instituted in all modern hospitals. They are simple and practical.

REPETITION OF TUBAL PREGNANCY IN OPPOSITE TUBE—DOUBLE VAGINA—TWO UNUSUAL CASES

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CASE REPORTS

Case No. 1. Mrs. R. N., German, married, age 33, had no history of previous pregnancies, pelvic infections or menstrual irregularities.

In September, 1923, after going by her period three weeks, she had an attack of sharp pain in left iliac region, with faintness and started to flow. The physician who was called at this time and also during a recurrence of the symptoms a few days later failed to make the proper diagnosis. Probably the symptoms were not so alarming. The third attack was very severe. After excruciating pain and vomiting she fainted. She was very pale, exhibited air hunger and had no discernable radial pulse. The lower abdomen was rigid, very painful especially on the left and cul de sac bulging with what was thought to be blood. Rectal temperature normal. We both saw her, for the first time, in this attack and of course, with such classical symptoms could not fail to make a practically positive diagnosis. As soon as her condition allowed, she was removed to the hospital where operation was performed two weeks from first pain.

The left tube was found ruptured and pelvis filled with clots. The tube and most of the clots were removed and abdomen closed without drainage. Recovery was prompt and she enjoyed the best of health until she became pregnant in opposite tube.

In February, 1925, Mrs. R. N. had gone by the proper time for her period two weeks, when upon getting up early to do a washing she was taken with cramps in the stomach and bowels and unable to continue her work. The pain was not in the side as the previous attack and soon quieted down. She had several of these attacks at intervals of a few days until after a more severe and prolonged attack Dr. Lamley was called.

At this time her temperature was 101°, pulse 110, and a mass could be felt in right iliac region. She was pale and now had pain in the side. A diagnosis of either appendicitis or tubal pregnancy was made and operation urged, but refused.

The next day the patient's father-in-law became ill and died and she got out of bed and did some light work more or less forgetting her own symptoms. After the funeral she went back to bed, her pain and soreness more pronounced.

March 21, after more severe pain, she was again urged to be operated, but still refused. However, she consented the next day and was operated

March 23, just five weeks from the onset of symptoms.

In spite of the more or less classical symptoms appendiceal abscess was thought probable and as the cul de sac was full this was explored with the idea of draining in this direction. The collection proved to be blood, so abdominal section was performed. The pelvis was found filled with blood clots, the right tube enlarged with fimbriated end widely dilated, this having been a tubal abortion. The tube and clots were removed and abdomen closed without drainage. The recovery was good, as before, so far as operation was concerned, but a right sided pleurisy developed in the second week which delayed convalescence.

As would be expected, the pain and other symptoms were not so severe in the tubal abortion as in the first attack in which the tube was ruptured and gestation a week longer.

Case No. 2. Mrs. H. B., aged 26, who had been married several years and never pregnant, told her husband she had two vaginas and that the reason for her sterility was that intercourse occurred through one, the larger, and that menstrual flow came through the other, smaller one. Upon examination her diagnosis was found to be correct, there being no opening into the uterus through the larger vagina.

This cervix was opened and dilated and in a few months she became pregnant. The labor was prolonged and finally ended by a forceps delivery. the two cervices were torn into one and the upper part of septum between the vaginas torn loose. This flap became hypertrophied and prolapsed and a few years later after becoming pregnant a second time the flap and remainder of partition were removed. The labor following and also a third were easy and normal.

THE INTESTINAL BACTERIOPHAGE OR LYTIC PRINCIPLE IN THE SPECIFIC INFECTIOUS DISEASES —PRELIMINARY REPORT SCARLET FEVER AND CHICKENPOX

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The role of the bacteriophage or lytic principle in certain acute intestinal diseases—dysentery, typhoid, paratyphoid and intestinal epidemic diseases of fowls and domestic animals—has been elaborated by D'Herelle. D'Herelle believes that the bacteriophage is responsible for cure in these diseases. He has shown that it is absent from the stools in the beginning of the disease, appears towards the end of the active stage of the disease, and becomes virulent for the organism causing the disease as well as to the intestinal bacteria at the time the activity of the disease is beginning to abate. It disappears during early convalescence. As the bacteriophage becomes lytic for bacteria, other than those responsible for a given disease, we become interested in finding out whether an active bacteriophage or lytic principle develops in the stools during the course of the specific infectious diseases whose cause, with probable exception of scarlet fever, is still unknown.

We find that a bacteriophage or lytic principle develops quite uniformly and characteristically in the stools of scarlet fever patients, seldom in those of chickenpox pavirulence. In scarlet fever the lytic principle was active for B. Coli, B. dysentery (shiga and Flexner) B. typhosus, B. para typhoid, A. and B. It had no lytic effect on hemolytic streptococci isolated from the throats of scarlet fever patients. The other infectious diseases are being investigated.

PUBLIC HEALTH ACTIVITIES

Edited By

MICHIGAN DEPARTMENT OF HEALTH

THE VACATION PROBLEM

Fashions in vacations vary as well as styles in clothing, but probably on a more logical basis. Cause and effect play an important part in the changes in our summer habits, and just now the automobile is the cause and travel is the result.

Not many years ago a summer resort looked for a normal number of patrons and such anticipations were quite reliable except when an occasional cold summer reduced the expected numbers. But since the advent of the automobile in ever increasing numbers, resort conditions have materially changed. Some families who own cottages at resorts continue to occupy them for most of the summer season, but many who were accustomed to stop at summer hotels, or rent a cottage for a few weeks, now prefer to spend their vacation in the family car, traveling from place to place.

Resort hotels complain of decreased patronage even of transient guests, which indicates that many people prefer to spend the night in a tent rather than to stop at a hotel. The very greatly increased number of camping places provided by state, city, and individual, with their crowds of campers, shows clearly this change which has come over the spirit of the vacationist.

We must not, of course, draw hasty conclusions and say that all of the present day campers were once hotel patrons, for automobile travel has doubtless made it possible for many to go away from home for greater or less distances who formerly did not think they could do so. It is doubtful if much of the increased travel can be charged to lower cost of transportation. Rather, it is due to the habit of moving about, encouraged by the possession of an automobile, and to the desire to see more along the way, and to come and go according to the wish of the moment.

With these facts in mind, it becomes evident that the problem of resort sanitation is not the same as it was a few years ago. Then it was a question only of the summer colony and the various phases of its sanitation. Now we must consider also the very greatly multiplied stopping places afforded by state, municipal, and private tourist camps and lodgings.

The first extensive work attempted to improve the sanitary conditions of Michigan summer resorts was done during the summer of 1913 by the Engineering Bureau of the Michigan Department of Health. A total of 77 resorts, situated in 11 counties, were visited.

During the summer of 1916 seven assistants were employed by the Engineering Bureau on resort work, visiting 173 resorts in 73 counties.

In 1917 the work was continued with one man in the field who made a total of 48 inspections in 15 counties.

During the three seasons mentioned, travel was almost entirely by train or by such hired conveyances as were necessary to supplement train service. The work consisted of a thorough inspection of the resort and the giving of such advice on the ground as seemed desirable. Samples from drinking water supplies were collected and sent to Lansing for analysis. Written reports concerning each resort were filed in the office.

In 1920 it was concluded that the methods previously employed did not give the resorts the attention to which they were entitled and fell short of accomplishing all that was desired. It was decided, therefore, to organize a party composed of trained sanitarians, equipped with a traveling laboratory for making examinations of water and food supplies. A sanitary engineer, a bacteriologist, and a food specialist made up the group. A passenger car was provided for inspection trips and to carry literature on sanitation for distribution.

The plan of operation provided for a set-up covering three or four days in a prominent resort section where as many people as possible were induced to visit the car, receive instruction and use the service it offered. While the laboratory car was in position the resorts in the surrounding country for a distance of 10 to 15 miles were inspected and water samples were brought to the laboratory.

During 1920 a total of 59 resorts in 12 counties were visited in about six weeks, which was all the time available on account of the late start. In 1921 there were 104 resorts inspected in 10 counties in 58 days, and 33 resorts were reinspected. In 1922 a total of 152 resorts were visited in 17 counties in 55 days. Since 1922, funds have not been available for the resort unit.

During the three seasons that the traveling laboratory was in operation, the border of the lower peninsula was pretty thoroughly covered except for the southeastern portion. Little work was done on resorts in the interior of the state, a section that needs such service. The

larger resorts are situated on the great lakes and some of them are well equipped with sanitary conveniences. Others show a lively interest in such matters and do all they can with the facilities available. The same can hardly be said concerning some of the smaller places, and particularly those situated on the inland lakes.

If the operation of the traveling laboratory could have been continued at least until the entire state had been covered and records of practically all of the resorts collected, supplementary trips could have been made to those most in need of inspection and gradually they would have been raised to a better standard.

As a rule, the suggestions made by the engineers in the field were received with a great deal of interest and a healthy desire was manifested to comply with instructions. The lack of full-time local health service is the chief stumbling block in the way of success. This statement is not a reflection on the attitude of the health officer; it is a comment on the inefficiency of the existing system. No effective follow-up work on resort inspection can be expected until we have a district or a county health officer trained in his work and adequately paid, who gives his entire time to the service of public health.

Since vacation habits have changed we have not only the resort sanitation problem to consider, but also the tourist camp. The problem here is quite different. Many resorts have a local association of property owners which is a valuable aid in general improvement, including the enforcing of sanitary regulations. No such organization is possible in a tourist camp. If the camp is maintained by the state or a municipality, sanitary facilities and efficient supervision are possible, but in a privately owned camp this is not the case.

Some of the municipai camps seem to have been established in an attempt to popularize the town and to secure the trade of the transients. In too few cases is there adequate supervision or rules of conduct, even if the necessary sanitary facilities are provided. It is doubtful whether the returns to business men from transient patronage is enough to pay even their share of the municipal expense of running the camp. The share of the other taxpayers is spent without any benefit to them except the general advantages derived from advertising the town, whatever these advantages may be. It is conceded that there is little material gain in this sort of advertising. Opening a municipal tourist camp has usually much the same motive behind it as actuates the man who tips a waiter or a bell boy in order to make a good fellow of himself, rather than from a feeling of gratitude for service performed.

In states where the tourist has become even more numerous than in Michigan, much thought has been given to the idea of securing a return from the traveler direct by way of a small fee charged for the use of the camp. In this way revenue is obtained for maintenance and better service is assured, because the patron will object if things are neglected, knowing that he is not receiving a proper return for the fee he pays. The tendency among those who have given serious thought to this subject seems to be all in the direction of pay camps.

Another problem which is rapidly growing in connection with automobile travel is the roadside eating place. Little, if any, effort has yet been made in Michigan toward regulating such establishments. Particularly in the eastern states soft drink and sandwich stands have become numerous and regulations governing the purity of foodstuffs, methods of handling, and the health of the handlers are of the greatest importance. Probably a law requiring a license, based on compliance with required precautions, would be necessary before anything effective could be accomplished.

Roadside water supplies, either in connection with the eating places or separate, should be investigated and their safety for drinking and cooking made known to the public. Work has already been done by the state health departments of Pennsylvania and Ohio, at least, and probably by others, but Michigan has not yet made a start in this direction. It is hoped that an adequate program may soon be made possible, since a state that is so justly proud of its recreational advantages cannot afford to be behind in safeguarding them.—E. D. R.

RESUME OF PUBLIC HEALTH LAWS PASSED BY THE 1925 LEGISLATURE

The 1925 Legislature passed several public health laws, some of which are extremely important and will remedy conditions that have been unsatisfactory for a number of years.

Perhaps the most important passed were those for improving the care of the tuberculous; a half-million dollar appropriation for the construction of a new state tuberculosis sanatorium and a law authorizing county boards of supervisors to erect county tuberculosis sanatoria and to increase the state aid given county sanatoria.

Michigan has had county sanatoria, but there has been no standard for their administration. There was an insufficient number of beds to properly care for all the cases in the state and insufficient means for the care of indigent cases. A report by an inspector from the National Tuberculosis Association says that conditions in Michigan county sanatoria range from the worst to the best.

State aid has been limited to $3,000 for each sanatorium. The new law provides state aid of $1 per day for each indigent patient, which sum will be greatly in excess of the present $3,000. It makes it necessary for county institutions to be properly maintained before they

can receive state aid. A small tuberculosis institution which has no full time medical service and which, to all intents and purposes, is only a boarding house for consumptives, cannot receive state aid. It also makes it illegal to build a county tuberculosis sanatorium on a poor farm.

The new state tuberculosis sanatorium will replace the present state sanatorium, which is inadequate in many ways. Its type of construction does not conform to up-to-date standards and its facilities are insufficient for the proper medical care of patients.

In addition to these bills for the care of the tuberculous are those covering the construction of sewage disposal plants, the employment of county public health nurses, the revision of the laws for the reporting of communicable diseases, births and deaths, the acceptance of the federal law for the promotion of maternal and infant hygiene, the distribution of free antitoxin and the establishment of branch laboratories.

A bill providing that the courts or the State Department of Health may order cities to issue bonds for the construction of sewage disposal plants will remedy a weakness in the old laws that has allowed unlimited pollution of streams. It has been possible for the State Department of Health to order a city to construct a sewage disposal plant, but the bond issue for the construction of the plant was left to the vote of the people, which usually resulted in its defeat. Under the new law, the city council orders the bond issue at the direction of the courts or the State Department of Health. That this will result in improvement is shown already by the fact that the Michigan Manufacturers Association, in a recent annual meeting, recognized that it would be necessary to change their manufacturing methods to comply with the law. Next to the tuberculosis laws, this is the most important passed by the 1925 Legislature.

The bill for the distribution of free biological products for the prevention and cure of diphtheria carries an appropriation to be used in the purchase of antitoxin and an additional appropriation for building a plant for the manufacture of antitoxin providing that it can be manufactured cheaper than it can be purchased.

Two old vital statistics laws, one for the registration of births, and one for the registration of deaths, were combined, and a fee of fifty cents for reporting each birth paid to the physician by the county was removed. This means a saving to taxpayers of about $50,000 a year.

In 1909, when a campaign for the prevention of tuberculosis was being made by the State Board of Health, a law providing that a physician be paid fifty cents for each case of tuberculosis reported was put on the statute books. Since the measures for the prevention of tuberculosis are now conducted in the same manner as those for the prevention of any communicable disease, this fee was removed by a new law.

County boards of supervisors have not been authorized by law to employ public health nurses. During the past year several counties discontinued their public health nursing service on the basis that such service was illegal. The state law provided for the employment of nurses by townships, but not for their employment by counties. Under the law passed by the Legislature, county boards of supervisors are now enabled to appropriate money for the maintenance of county nursing services. It also indicates certain educational standards that such nurses must reach.

Two years ago the state accepted the provisions of the federal law for the promotion of maternal and infant hygiene called the Sheppard-Towner law. The federal law provides federal aid to states for a period of five years, dependent upon the acceptance by the state legislatures of the provisions of the act. It was necessary for the 1925 Legislature to again accept this law and make a $30,000 appropriation for its administration. These next two years will mark the ending of the five-year experiment in special activities for the reduction of infant and maternal mortality.

Subject to the approval of the state administrative board, the State Health Commissioner was given authority to establish not more than three branch bacteriological laboratories in the state.

AN OUTBREAK OF DIPHTHERIA IN A PREVIOUSLY IMMUNIZED RURAL COMMUNITY

Upon the request of a township health officer in a northern county, a medical inspector was recently sent from the State Department of Health to investigate, and, if necessary, to take over control of what appeared to be a threatened epidemic of diphtheria.

The community, consisting of a village and surrounding sparsely settled country, with a total population of approximately 450, was found to be quite well isolated from neighboring settlements, the nearest lying at a distance of ten miles. There is no great direct communication between the settlements.

Diphtheria was found to be confined to three families, four individuals being afflicted. Case No. 1 occurred in a school boy, taken ill eight days following his return from a city in the southern part of the state, where he had been exposed to an individual suffering from a sore throat. This patient had a very severe throat infection. Thirty thousand units of antitoxin were administered intramuscularly. When visited, convalescence was well established. The tonsils, pillars, and soft palate were still quite

deeply congested and the heart presented evidence of moderate myocardial disease. A culture taken from the throat and naso-pharynx was positive for the bacillus diphtheriae.

Cases No. 2 and 3, also occurring in school boys, came to a rapidly fatal termination. Case No. 3 was a brother of the first boy taken ill. Neither of these two cases were seen, but the history of each illness was quite typical of laryngeal diphtheria. No cultures were taken and apparently no antitoxin was administered.

Case No. 4, and the only one occurring in an adult, was acutely ill when visited, having been sick for six days. No physician had been called. A clinical diagnosis of diphtheria was made. The heart presented evidence of marked myocardial damage; prognosis was grave. Cultures from the throat and naso-pharynx were positive for bacillus diphtheriae. A virulence test on this organism was positive.

The community has one standard consolidated school. One year ago a toxin-antitoxin campaign was put on. The present enrollment totals 115; of this number, 81 pupils have had toxin-antitoxin. The number of pre-school children receiving same could not be determined. None of the above cases had toxin-antitoxin. All refused the same during the campaign one year ago.

In view of the fact that the entire school had been exposed, as well as many adults and pre-school children in the community, a throat culture survey was made. All cultures were reported negative for bacillus diphtheriae. Many direct contacts not receiving toxin-antitoxin were given one thousand units of antitoxin. Daily school inspections were carried out, children absent from classes being investigated for illness.

The mode of transmission of infection in the above outbreak is apparently by direct contact. There was great intimacy between the families contracting the disease, the three children being continuously together. The one adult infected took care of case No. 3 during the illness. No isolation precautions were taken. The organism appears to have been brought into the community from a distant locality by case No. 1. No diphtheria that might have been the source of infection could be located in neighboring communities. No cases were reported.

It is evident that a severe epidemic was avoided only by the large proportion of school children already immunized. None of the diphtheria cases had received toxin-antitoxin treatments—and two of them died. More than half of Michigan is unprotected. If a virulent strain of Klebs Loeffler bacilli should be brought to these unprotected communities, the resulting diphtheria cases and deaths would not be confined to a few children. Is your town immunized?

PREVALENCE OF DISEASES

APRIL REPORT

Cases Reported

	March 1925	April 1925	April 1924	Average
Pneumonia	849	678	677	679
Tuberculosis	406	668	916	541
Typhoid Fever	38	38	53	83
Diphtheria	339	307	473	567
Whooping Cough	364	636	342	628
Scarlet Fever	1,717	1,603	1,416	1,063
Measles	771	1,049	3,275	2,669
Smallpox	80	93	689	398
Meningitis	19	8	15	14
Poliomyelitis	3	4	2	2
Syphilis	1,301	1,362	1,224	802
Gonorrhea	843	773	854	713
Chancroid	11	6	16	14

CONDENSED MONTHLY REPORT

Lansing Laboratory, Michigan Department of Health, April, 1925

	+	—	+—	Total
Throat Swabs for Diphtheria				2197
Diagnosis	64	704		
Release	154	416		
Carrier	15	811		
Virulence Tests	16	17		
Throat Swabs for Hemolytic Streptococci				1839
Diagnosis	186	582		
Carrier	58	1013		
Throat Swabs for Vincent's	19	749		768
Syphilis				12716
Wassermann	1178	5193	81	
Kahn	1295	4884	84	
Darkfield		1		
Examination for Gonococci	157	1154		1311
B. Tuberculosis				514
Sputum	68	416		
Animal Inoculation	7	22	1	
Typhoid				124
Feces	9	58		
Blood Cultures	1	12		
Urine	1	5		
Widal	5	33		
Dysentery				
Intestinal Parasites				34
Transudates and Exudates				259
Blood Examinations (not classified)				338
Urine Examinations (not classified)				710
Water and Sewage Examinations				467
Milk Examinations				118
Toxicological Examinations				7
Autogenous Vaccines				4
Supplementary Examinations				276
Unclassified Examinations (including Dick test surveys)				1414
Total for the Month				23087
Cumulative Total (Fiscal year)				213587
Increase over this Month last year				4332
Outfits mailed out				15817
Media Manufactured, c.c.				301685
Diphtheria Antitoxin distributed, units				11586000
Toxin Antitoxin distributed, c.c.				49795
Typhoid Vaccine distributed, c.c.				661
Silver Nitrate Ampules distributed				2804
Examinations made by Houghton Laboratory				1611

County Secretaries Conference, Grand Rapids, Michigan, April 22nd, 1925 at Hotel Rowe

NOTE:—The Editor has made no attempt to edit the following discussions. To have done so would have destroyed many valuable points which we are very anxious to "get over" to Secretaries and members.

Dr. Clancy: Gentlemen, the meeting will be in order. And I want to say to you that I believe perhaps that this conference of County Secretaries is really one of the most important activities of the State Medical Society. We all recognize this as an undoubted truth, that if the counties are active in the work, the whole State Society must necessarily profit thereby, and a greater interest spreading throughout the whole state; and no County Society is ever quite up to the mark, cannot be it seems, unless the Secretaries of those respective Societies are active men. Perhaps there are no others connected with the government of the State Medical Society in an official way, that have more to do, and as trying work to accomplish, as the County Secretaries. The average—perhaps not the average member, but a very large number of members in all County Societies are indifferent, and unless the County Secretary—and he is responsible largely, perhaps he has a very active man associated with him as President, or his County Society, who wants to make the meetings interesting and profitable; but after that comes the real labor of the County Secretary, in seeing that there is a good program, in regular meetings, and he has not alone to send out notices to the members of the Society, but he has to keep reminding, perhaps for a thankless job, thankless insofar as having any expression given in the way of appreciation. The Secretary of a County Medical Society gets the most asked of him and the least appreciation.

I am particularly glad to be here meeting with the County Secretaries, because while much has been done in the way of organizing, in the way of bettering County Societies, there is so much more to be done in the future, and you men through your interest in the betterment of medical conditions in the State, who have sacrificed your time, many of you come long distances, are here to spend probably a part of yesterday and all of today and maybe longer before you return to your homes, you have done something for the medical profession in this State that is accomplished by few, just a few throughout the State, and they are represented largely in the ranks of your County Society.

Now, I want to thank you for coming and to express my pleasure at being here. I am going to ask the Chairman of the Council, Dr. J. B. Jackson, to address you. Dr. Jackson.

Dr. Jackson: Nobody asked me to give an address to this assembly until this minute.

Dr. Clancy: I asked you.

Dr. Jackson: Gentlemen. The President asked me to give you an address. It is out of my line.

There are some things that I would like to say to you, however, as County Secretaries, and in the first place I want to emphasize what Dr. Clancy has said, that the success of our State Medical Society depends upon the component societies. We do not function as a State Medical Society except as the County Societies function as individual units, we are simply the organization which represents you, and the success of the County Society Dr. Clancy said, depends to a large extent upon what you do as Secretaries.

When you are elected as Secretaries and accept that election, there devolves upon you a very large matter of responsibility for the success of the work of your County Societies. I have seen it in our local Society, I have seen it in other societies; if a society is a going concern it is because the Secretary puts the necessary kick into it; if the Secretary just goes through the formality of reading the minutes and then forgets it until the next meeting and is not interested in getting the attendance out, is not interested in the program, the Society activity begins to slump. When you get a man into it that has got the necessary amount of kick and push, then things begin to hum again. There is no gainsaying that there is a large amount of responsibility which devolves upon you as Secretary of a County Society.

What I want to say particularly is about the relation between component County Societies and the State Medical Society, and especially about the relation between component Medical Societies, County Societies, and the Council of the Michigan State Medical Society, which is your body. I think there is a feeling in a good many County Medical Societies that the County Society is one thing and the State Society is another thing; that there is not any very close relation between the two; that you elect at the convention a Councilor and he represents you and then you can forget all about the State Society, you haven't any responsibility in the matter. I want to make a plea at this time for a closer co-operation between the

County Society and the State Society. It is not a matter of two Societies. The State Society simply is your organiaztion.

The Council is elected and functions merely to carry out your wishes. If you are not satisfied, if your County Society is not satisfied with the way the Executive Committee of your State Medical Society function, then it is your duty to say so, let us know. We wish to function as your representative, we wish to carry out your wishes and desires. If there are certain things about medical organization that you think are wrong, not functioning properly, let us know. We wish the County Secretaries would attend when they can the meeting of the Council. We would like to see you there, and if you can attend and if you have suggestions to make, if you have ideas about the way the Council, the Executive Committee, should act, if you have ideas about the management of the State Society, let us know.

The Secretary, and I, as Chairman of the Council, and all the members of the Council, welcome suggestions from component Medical Societies.

I know that you, as Secretary, get a letter from the State Secretary's office and you read it and stick it in your pocket or put it in your minute book, and then when the County Society has its meeting if there is time you read that, and nobody knows anything about it, it doesn't get proper attention. There is not enough official consideration of the communication which you get from your Society, from your State Secretary. I wish that there might be more interest in the activity of the central organization by the component organization. I want to particularly make a plea for one or two activities of the State Society. We have been trying now for several years to carry out a work of public health education. We have felt that the dissemination of information about medical matters to the public is the best way to combat various cults and isms that are developing, irregular attempts at the practice of medicine. We have felt that if the public knew the truth about disease and about the various methods of treatment of disease, there would be less lack—there would be more confidence in the medical profession. We feel at times that the public is not entirely in sympathy with the medical profession. We feel at times that they are critical of them, and they run off to Christian Science, and Chiropractic and Osteopathy. The reason they do that is because we haven't their entire confidence. It has seemed to us that the best way of combatting that is to dispel this cloud of mysticism which has surrounded the practice of medicine, tell the people as much as we can the facts about disease, about its prevention and cure, and to take the public into our confidence. There has been appointed by the State Medical Society a Joint Committee on Public Health Education, as you know. This is represented by the State Medical Society, which has five members on that committee; by the State University Medical Department, by the Detroit College of Medicine, by the State Tuberculosis Society, by the State Dental Society, by the State Nurses' Association, by the Public Welfare Workers and other organizations. Now it is our effort to carry out a program of public health education, to go to the people and tell them the truth about the practice of medicine. Now you, as Secretaries of County Societies, have a large responsibility in the success of this work. The work of this committee has been increasing. We are having more demands for people to talk, for men to talk to public audiences, than we can supply. The only way that we can carry out this work is by having your co-operation. You know the men in your community who are able to do this work, you know the men who would be available for such work, and we wish to make a plea at this time for the County Secretary and the County Society to co-operate more fully than they have in the past in the work of this committee.

At the last meeting of this committee, which was held in this room about a week ago last Thursday, I think, there was some discussion of the problem of public education through the press, and I want to say just a word about that. I believe that as County Secretary you can be of some help in this matter.

In the first place I want to emphasize what has been emphasized time and time again in our State Medical Society work, that is the importance of the Journal which is published by the American Medical Association, *Hygeia*. This represents to me the greatest single opportunity that we have had as medical men of giving the public, the laity, information about medical matters. I want to impress upon you your responsibility in the widening of the circulation of this magazine. You all certainly ought to have it on your own library table, on your own waiting room table; you ought to see that it is put in the public school library; you ought in every way that you can, increase the interest of the public in this magazine.

There are other ways in which the press can be influenced to disseminate information to the public. You find that the various newspapers in your community are willing and eager to have information; in many cases the only way you can get that before the press, give them information first-hand. You know that the reporter has a very happy, or unhappy, faculty of getting medical things all twisted up, and the reason that the public has been so misled in matters of medical information through the press is because the men who write the stories, don't know how to do it. It seems to me that as Secretaries of County Societies you have a

responsibility in this regard. I know that the Secretary is going to say all this to you in his address, and I don't want to steal all of his thunder, but there is just one other thing that I would like to speak about, and that is your co-operation in the matter of the District Conferences, which we are putting on through the State Society organization.

Now, these are your conferences. They are held for the benefit of your local Society. It is a method of educating the doctors in your community, it is a system of post-graduate medical instruction. We think it represents the greatest thing that the State Medical Soeiety, of which you are compliment members, has attempted in the history of this organization. These District Conferences, gentlemen—up to the present time, have been a great success. You, as County Secretaries, are interested in these conferences. You know how they have gone in your community, you know what they have accomplished, and if you have criticism, if you have constructive criticism to offer I want to say that your Council and your executive officers will welcome such criticism. We want to know what the men in your community want, if they are getting what they want in these conferences. If you have ideas how they might be improved, if you have ideas how the attendance might be increased, if you have ideas as to how we can widen our scope of usefulness in these conferences, we want your notion about it. Remember that your executive officers of your Council are trying to carry out your wishes in the matter. We don't want to put something down your throats, we want to do what you want, we are simply representing you. If you have criticisms, come tell us, don't tell the other fellow. If you have ideas as to how this can be made more useful, let us know. There are other things that I can say, I know the State Secretary is going to say them to you and say them better than I possibly can; I simply want to say in closing, I want to emphasize in closing, the fact that the organization of the central organization, the Council and the executive officers of this Society are your officers, we are representing you, and we would like to know when we do a good job of it and when we don't. We want your co-operation and your help and remember that the State Society is nothing more than a component County Society. Thank you.

Dr. Clancy: The Secretary-Editor has a most important message to bring to us, and perhaps his opportunity of getting in the closest contact with the work of organization are better than that of the rest of us; added to that, however, is the fact that he possesses a very large fund of information, he has the happy faculty of usually presenting his thoughts in a very direct and comprehensive way, and he is going to talk to us on the "Spirit of Organized Effort." Dr. Warnshuis.

Dr. Warnshuis: President Clancy, President of this Conference, County Secretaries, and members of the Council: I just want in an informal way this morning to convey to you what I have been pleased to term "The Spirit of Modern Organized Effort," as a sort of keynote if you wish to so take it, that will govern our discussions that are going to take place and which we are going to try and have each one of you join in on during the course of the day, in order to solve this problem that we have that is confronting us, of organized effort. (Paper here read). (See May Journal).

Dr. Clancy: I want to ask you whether it is your desire to discuss each of your topics as presented to you individually immediately after their presentation, or do you want to leave it to a general discussion of all of them.

Dr. Warnshuis: I would like to suggest, that we take up each discussion after each speaker.

Dr. Clancy: Is that the general sentiment? I hear no objection. Then we will discuss this address of the Secretary. Dr. Jackson, you talked to us a few minutes ago, we will ask you to open the discussion.

Dr. Jackson: I find I have already discussed it in my opening remarks.

Dr. Clancy: You said some of the things.

Dr. Jackson: I think the things that Dr. Warnshuis has brought up are vital to the success of our Society work. I don't know as I have anything further to say about the several points that he has brought up. The question of scientific meetings, I think County Secretaries have usually centered their activities on the matter of presenting a good program to their Society, and the matter of getting out the attendance that is usually considered by a County Secretary as his first function, and many his only function. I suppose that in the course of the conference today we will discuss ways and means of making County Society programs interesting to our members, but the Secretary has called your attention to the fact that there are other activities a County Society, especially a Secretary, should be interested in, this whole program of public health education, education of the public about medical matters is within your scope of activities. It should be a part of your function as County Secretaries and I think that there has been a lack of effort on the part of County Societies to take part in it, individual members have responded to our request for co-operation in this work, but I have no doubt that every one of you if you would give some thought and attention to this work, could be of great help to your Joint Committee. We have in every community a lack of sufficient speakers to take care of the demands for public addresses. Now, it is not the inten-

tion of your Joint Committee, if a man says that he will respond to a request to speak before a public audience, to send him clear across the State where it will take two or three days to do the work. We want these addresses, we want speakers in each community, so that speakers can be provided without traveling long distances.

I have no doubt that every one of you, if you will give this matter your attention, could submit to the Secretary of this Joint Committee, Dr. Henderson, director of the Extension Work of the University of Michigan, a list of men who would be available for this work, and we need them. We cannot supply the demand that we have in your community and every other community. That is one thing that I want to ask you to do, make it a business in your County Society to supply a list of speakers who are available for addresses in your community. These are not formal talks. Your men do not need to be public orators. We simply want them to speak about some of the facts about medical practice. The people are anxious and eager for it. I want to impress that feature.

I have already explained in detail about the matter of activities through the press. That is a part of your function as County Secretaries. There are one or two other things which the Secretary has touched upon which are very important. Not the least of these is the matter of fellowship, the matter of medical fellowship.

You know one reason why we doctors don't go very strong with the public is because we are biting each other. We don't get together and put our feet under the same table and talk things over. We are critical of the other men, we are critical of the other fellows in our community. Every time that you or one of your members of your County Society knock somebody else before the public, you are destroying the confidence of the public in the medical profession. You can't knock one fellow without knocking the whole profession. We doctors should get together, air our grievances with each other and not before the public. We need to cultivate this fellowship. You will find that the fellow that does so many things that you don't approve of, has got a lot of good points. We need to cultivate the sense of fellowship with members of the medical fraternity. We need to pull together. The whole matter centers around this idea of fellowship. If it wasn't that there was some doctor in your community that some fellow would say he didn't do a good job, there wouldn't be any damage suits. Damage suits are always instituted by another doctor. If we could cultivate this sense of fellowship we wouldn't have so many of these damage suits carried on by the State Society. It is a question of fellowship. It is a question of getting together and finding out the good points in the other fellow. It seems to me that discussion of these two points, the question of public health education and the question of fellowship, will serve to open this discussion.

Dr. Clancy: The question is open for discussion. I am going to ask, however, a member of the Council, Dr. Darling, to talk at this time.

Dr. Darling: Mr. President. There is so much to say I hardly know which side of the subject to take up. There is one point I had in mind and spoke about at some meeting before, I think and that is in regard to the county health boards or township health boards. That has a very important bearing on this work. In our staff meetings at St. Joseph Hospital we always call on the health officer to give us any report that he may have to give and also to point out any way in which we may be of service to him. I think that if the health officers of the various townships in the county were called upon to make some report like this to the County Society, a great deal might be learned about what is being done to educate the people in public health. We might find out very many valuable things as to whether the proper dissemination of this knowledge was being put forth or whether there is some way in which that could be done.

Dr. Clancy: I am going to ask you to join into this discussion, take part in it. Who will be the next speaker to discuss this? All of you have got something to say, you have been impressed, I am quite certain of that. Dr. Wilson of Muskegon.

Dr. Wilson: I don't know as I have anything, as I am but a young Secretary, four months in the service. I may start out this way in saying that I believe in a protective tariff, but gentlemen, the time is coming when the law of nature, the survival of the fittest is going to work; we must in the future compete with the Chinese or go down. I do believe in organized effort. I think that inasmuch as the State Society is made up of the component County Societies, that the County Society is made up of its individual members.

A chain is no stronger than its weakest link. How many times do the older members in the profession run on to a case that comes into the office and says: "Why doctor, what is this kind of machine for, what is this apparatus for?" You tell them that is a blood pressure instrument. "I have been the rounds, doctor. Nobody has ever tried that thing on me before." I think where the chiropractors and the Christian Scientists and the other cults get this thing is from the weak members of our Society. It seems to me it should be the effort of the older members in the Society to assist the younger men. This is done very nicely in Muskegon. I don't think that there is any Society in the state of Michigan where good fellowship and co-operation are more noticeable than they are in our County Society. This I might say was brought about by the good efforts of our old friend, Dr. Garber, perhaps, whom you all know, who has made it an effort during his many years of practice to foster good fellowship. We have our general staff meetings at our two hospitals once each month; practically every member of the medical profession in good standing in our county is a member of the general staff at

these hospitals; there we meet at the banquet board and discuss hospital affairs and present cases, help each other in diagnosis, and I think accomplish a lot of good in helping the other men. The consultations are freely given and much good in the matter of fellowship is brought about. As far as the Secretarial work is concerned in our county, I have so far found a disposition on the part of every member to co-operate and assist me in every way possible. I want to say before I sit down, that we are prepared to take care of the State Medical Society over there and I think we can show all of your members a good meeting. I wish you would carry that word back home with you. Thank you.

Dr. Clancy: Next.

Dr. Stewart, of Houghton County: I have come a long ways again. I was here last year and felt that I profited by the Conference.

I think that these points Dr. Warnshuis has stressed are very important in our organization. In fact, I have endeavored as Secretary, to carry out these very things. Last year we had a goitre survey up there. We examined the school children, well, in fact, the State Board of Health carried this on; anyway the Medical Society was very much interested in it, and examined over 13,000 school children and found a very large percentage of goitre.

A public meeting was held in which all the guests of the various civic organizations and other organizations were invited and the public was taken right into our confidence. We gave them all the figures and educated them right along the line of that particular subject.

I think that Dr. Jackson has hit the nail on the head that there is is too much back biting and too much fighting among the members of the medical profession.

My average attendance last year was around fifteen. We have a membership up there of about 40-42 members. However, through the summer months when the country is open, we are able to get around a little better, we have a better attendance than that. I find that by giving the men something that is worth while in the scientific program, something that they wanted, sort of a symposium covering one subject, having different men give short talks on these particular subjects and then giving them a good lunch afterwards and getting them acquainted and rubbing elbows with each other, that I find that there is a feeling of friendship between these men that is developing and growing. Also, I think that there has been a lack of friendship between the doctors and their wives. By that I mean the doctors and their wives, not individually, but as a whole.

There has not been, I know, in our county any social activities in that line. Last year we were very pleasantly entertained at one of the doctor's summer homes there and we had a beautiful banquet. In fact, we got pretty well acquainted, something we have never done before. We contemplate the same thing this summer. I just give that as a point, that it is a very excellent means of getting acquainted. I am very glad to be here, and I thank you.

Dr. French, of Ingham County: I intend to incorporate some of that in my talk. I don't want to use up too much time now and then duplicate the same thing later on. Dr. Warnshuis mentioned the fact of promoting the spirit of fellowship among the doctors. I must confess by personal observation that is a pretty difficult thing to do. I am ashamed to say that, but of course I am comparatively young at the game and especially at the Secretary's job, but the few personal observations I have made, I find that as the doctors meet at social or professional gatherings, scientific gatherings, they will apparently be the best of friends, slap each other on the shoulder.

I know of several instances when the next day outside, those same men will stick a knife very deep in the back of the men the day before they were patronizing. The spirit of the thing is absolutely correct, but practically, I find it doesn't work out. That was one question I was going to ask just what Dr. Warnshuis thought was the best way to bring that about?

Dr. Williams, of Alpena: I had a good deal rather speak on this periodical examination of children and adults. I think that is the most leading point Dr. Warnshuis has suggested here today, that we have some form whereby each particular medical man can examine carefully along the line of life insurance institutes, whereby that can be available. I was wondering if the County Society could not have some duplicate at least of these blanks, perhaps that would be inadvisable, but some manner in which the County Society could push for those examinations and see that they were conducted and thereby, by the very examination, elevate the standard of medical examination in the community. I think it is a fine step.

Dr. Clancy: Will somebody else volunteer to continue the discussion?

Dr. Shackelton, of Kalamazoo: Mr. President. It seems to me that one mistake is made by all our County Secretaries, they put the young men in the Society in as Secretary. They think because a young man has little to do that he has more time to devote to it, but as a matter of fact, he is under a handicap because he is not a member of the Society and feels that he is subject to criticism.

There is one question that I want to ask that has come up in Kalamazoo a number of times and that is a question of eligibility of membership. Without doubt a man who is habitually guilty of unethical conduct, should not be allowed to membership of our Societies. On the other hand, at the present time there are a number of men who are putting in their application for membership of Society, are men who are liked, where their standing is questioned from an educational standpoint, their professional ability is questioned. It seems to me inasmuch as the State of Michigan has licensed this kind to practice, if they are fairly decent sort of fellows and are trying to be square with their fellow practitioners, perhaps we are in a position to help them. Is that true or shall we discourage their application?

Dr. Clancy: I am waiting for somebody else.

Dr. Highfield, of Riverdale: I haven't any stated or set opinion about some of these matters. The matter of doctors knifing each other is one of the most difficult things. It hinders the Society in every way. Some twenty years ago I had some correspondence with Dr. Manwarring of Flint regarding a fee bill we were trying to get up. He ended up that letter by saying that they thought they would have to be born again. My experience has been that it is the older men that are more apt to be the knifers than the young men. I don't like to say that. It seems to me that that used to be the custom to get the other fellow's goat, among the older men, they have never forgotten, never been able to quit it. That is my impression. We have got a very agreeable set in our county, but of course we are small, we are small of membership and small of attendance. Our average attendance is about a dozen. We can't set a very

good standard for men that are in larger places. I think the fellows in the larger places have got a snap when it comes to getting out attendance or getting men to come a distance. They are quite willing to come to a large place, but they don't want to come to a small place where there may be a half a dozen fellows out to hear them. This question that Dr. Jackson brought up, about these public meetings, the difficulty I have had when we tried to have one of those public meetings, was to get any attendance, the public didn't seem to be interested at all. We drilled the papers, of course, we only have weekly papers where I live, in fact, don't have any daily paper except one that comes from another city.

We have to work those papers and work out hand bills and then we would get a handful. I felt completely discouraged about those public meetings. Regarding the sending of names into that committee, I sent some names in. I don't know whether the committee thought they were not qualified or what, the men were never appointed.

The biggest trouble I have is attendance. Just like I said a minute ago, some men have to be born again because there are men in the county who are so busy or else they have got so accustomed to sticking to their office they don't want to come out, they won't come out for any ordinary occasion at all. Maybe you could get them out if you would go to their town and have the meeting right in their office. That is about the only time. We have got men that won't show up. Sometimes when we get right to their town they won't come to the meeting. The biggest thing I have to overcome is the inertia of the men themselves. I appreciate that you might hand it back to me and say you don't get out an interesting program. Well, sir, I get completely discouraged about that—when I get a man to come from Ann Arbor, or Detroit, or Grand Rapids: if they come from Detroit they have to stay over night, come the night before and spend a night, two nights and a day to come there, and then have about 17, 15, 10 or a dozen fellows to hear them. I get completely discouraged about that part of it. I get so discouraged I think I won't bother getting any of those big men again. Perhaps Dr. Darling knows something about it. I know I had one man listed from Ann Arbor once, there was another fellow come up ahead of him, I think there were about six to hear him. I never could get the other fellow to even answer my letter after that, he wouldn't even answer my letter, after he promised to come. He heard how many there were there to hear him, he says it is all off.

Dr. Clancy: Will somebody else take part in the discussion?

Dr. Brush, of St. Clair: It seems to me that the best way of creating good fellowship among the local members is by having more open meetings. We had our Annual Meeting and election of officers, and shortly after the beginning of this year we gave a banquet to three of the oldest members of St. Clair county. We did not have any regular speaker for that evening. Everybody was rubbing elbows and having a good time, where they don't do it so much at the regular meetings which we hold twice a month.

I believe it is the custom in some cities to every week or two, hold a noon day luncheon where the members of the profession attend.

If any of you belong to the noon-day luncheon clubs I think you will find there is that spirit of good fellowship that prevails, everybody has a good time from the time they go until they leave. I don't know why that same fellowship could not be created at a noon-day luncheon by the members of the medical profession.

Dr. Kudner, of Jackson: Mr. Chairman, I find that one of the best ways to promote good fellowship is to get the doctors off by themselves some place at a club house or cottage, give them a few poker chips, dice, and let them rub elbows that way. Besides that, I think the annual picnic is a very good means of stimulating good fellowship; take a ball game, a few games and things like that put on the program of a picnic, it seems to me it does a whole lot to create a spirit of good fellowship.

Last year in Jackson county we had three of these meetings where we had no program at all; I mean two meetings and a picnic. We just went out to a lake some place and had a good dinner and sat around and talked, had a good time; those that wanted to indulge a little bit in games of chance, did it. Those that did not sat around and talked and had a good time. We had a very good attendance at those meetings, showing that the doctors like to meet with each other that way. I think that is one of the good ways of creating good fellowship. One thing that we have been trying to do in Jackson is to get out a new constitution and by-laws for the Society. I have had several letters from other counties, desiring by-laws and constitution and we didn't have any. We wrote to about ten and I think we got one answer. We got a set of by-laws and constitution from the Oakland County Society. The one from Muskegon came just the other day. I think that is something that should be looked into by the state organization and Council. A lot of these County Medical Societies are going along without any by-laws and constitution.

We are going to adopt one this month sometime.

Dr. McKinney, of Saginaw: A point that has not been mentioned here this morning, is the great advantage of the doctors taking one afternoon a week off. Many of the societies in the state do this.

While it has been a new thing up in Saginaw we find this has proved a wonderful means of affording a chance for the doctors to become acquainted, because they have every Thursday afternoon off. It affords them an opportunity for the men to get together, with some leisure time, which they have never had before.

I have been in the County Society work long enough I think to have seen a great change take place in the last 15 or 17 years and I am much more optimistic over the fellowship situation than Dr. French is. I have seen such a big change in the last 15 years. I think we are asking perhaps too much to see it a hundred per cent perfect all at once. I couldn't help but notice how all the younger men here nodded their heads when the remark was made that it was the older men who were responsible for the things that are going on.

I have been in the Society work more or less directly for perhaps 15 or 17 years and I simply base my idea upon the change that has taken place and especially in the last few years. I think that we may all be rightfully optimistic over this fellowship situation for the future.

Dr. Curry, Flint: Two or three points I want to discuss. The first one I believe is with reference to Dr. Darling's remarks concerning the Health Department. It seems to be the tendency for us all to refer to our own County Society, excuse me if I make some mention of Genesee county. We handle our dealings with the public by means of a Speakers' Bureau on which we have about a dozen members. We don't hold public meetings to have

these people come and listen to the subjects, but we go to them, a meeting of the Women's Guild, the churches, the noon day luncheon clubs, which is the Kiwanis, Rotary, Exchange, etc., and we make it a point to get across to the public in that way. I presume that could be done better in a larger city than it can in a small town. It perhaps can be worked out as well with reference to membership; we require a man to be in Flint or to be in the county, six months. During that time he is under observation, and then he has to be recommended to the Society by two or three members. He is then voted upon and his application is turned over to a Board of Directors. If they pass favorably he is in the Society, he is watched pretty well for a period of six months. The question of fellowship, we are living in an age of supersalesmanship. Perhaps that is greater in Flint than in other towns, because of the large number of automobiles being manufactured there, but I wonder if we are losing sight of the fact that we forget the other fellow. The older man, who has been in town for 15 or 20 years, is pretty well set. He is not as enthusiastic about association as the young man who comes to town and craves the association and craves the fellowship with the men he expects to spend the rest of the days with. I believe if we younger men would make it a point to become acquainted with the older men and force ourselves upon them constantly and persistently and try to sell our personalities and sell our abilities, whatever they might be, they might do. It is an old saying the quickest way to a man's heart is by medium of the stomach. I believe that the noon day luncheons are successful. In Flint we feed them first and have the talks afterwards. We meet at 12 o'clock and have the lunch; they seem to be quite comfortable after they fill their stomach and are able to smoke.

Dr. Warnshuis: Mr. Chairman: The thought I had in mind was to break the ice of this conference, which I have experienced from year to year in our Michigan conference, and then to have you men get together. Mr. Smith will, a little later on, present some pertinent points. The thought I wanted to put over for you men who are County Secretaries was that you, as individual Secretaries, have a definite, very heavy obligation, for the standing and the achievements of the profession in your county, and that to acquit yourself of that obligation is going to take an immense amount of effort and thought and time. You must be at it from morning till night, day in and day out and week in and month out, because it is you alone who is going to be compelled to do the slavery and the drudgery of the work, if you are going to get any enthusiasm or secure any results. As has been said for the years past, been repeated here by Dr. Jackson this morning, that your County Society is as good as its Secretary. Where we have an active Secretary we always find a good active County meeting. When that active Secretary finally goes out of office and some other man goes into office and he doesn't follow with that same aggressiveness, immediately the curve goes down and that County Society is not the active organization that it was. The thing I wanted to impress was the individual obligation that you have; you simply have got to make this contribution upon the altar of medicine today and you will get nothing for it except a personal satisfaction.

Dr. Williams asked about the examination blank. That blank will be available from the headquarters of the American Medical Association. You can write there and secure as many as you want for your individual use and for dissemination through your County Society. It is a blank that has been given thought and consideration over a period of three years, and is really a very well devised blank. An obligation of modern times, brings to us the duty of examining people and advising them as to their state of health, how they may avoid the pitfalls of disease and secure a longer and a happier life.

As to eligibility of membership. Our organization plan is a democratic one, and in that democracy it has been entrusted to the County Society, which is the only door through which a man may join our medical institutions of County, State and nation, to determine the eligibility of a man. Whether you should take in this man who may have been a reprobate, who may have transgressed our ordinary rules of courtesy and association of fellowship, or who may be engaging in some practices that are not quite up to the standard, or that meet the requirement that we are seeking to establish today, that is a matter, gentlemen, that your County Society and your membership must determine. Where a man may have such a reputation, it might be well to take that man in and try him; once you get him in the fold, you may leaven him and make a really decent individual out of him. On the other hand, there is another man who, by your experience and judgment is irredeemable, who belongs to Satan's force alone, and there is where he is going to stay. You can't redeem that fellow, probably you don't want to take him in. But when you do take the man, then exercise an influence for good over him and watch him and help him, and just because he may make one mistake don't immediately cite him for trial. Have somebody go and talk to him. You have a committee on ethics, a committee on membership, your board of directors, your officers, or you as a Secretary, go over and tell him in a frank way: "Bill, you are not doing the right, square thing." Then, if he persists and is a reprobate, of course, you want to get rid of him.

I want to tell just another thing. About three weeks ago I was down to Detroit and had a meeting with the Council of the Wayne County Medical Society, who transact the business affairs of the Society. We increased our dues and we set forth a program for State activity that the Council, through its officers and through the County units, are going to carry out for the benefit and good of the profes-

sion. We are doing that as is being evidenced by the Conferences that have been held and the other work that we are trying to do throughout the state.

In Wayne county we have a membership of 1,200 men who are members of the State Medical Society, almost half of our total membership; 1,200 men who have paid their dues without a word, and who have contributed this year into our coffers $12,000. We all know that Wayne county has been a Society that has stood out before the country as being an aggressive organization carrying out the ideals of medical society work. We know that Wayne county, in Detroit has an abundance of clinical facilities, clinical means of teaching; we know they have a splendid medical library; they have these extension lectures, they have periodical clinics each week in their several hospitals, to which their men can go; they have a medical reading room, they are carrying on public meetings through the schools and lay organizations of Detroit.

We told them we were concerned with them, and interested in their work and wanted to know what we could do for them. The universal answer of every member of that Council was, it is not the problem of what the State Medical Society can do for Wayne county, but it is what can Wayne county do more for the State Society. That is the spirit of those 1,200 men in Detroit. That is the spirit that we want to engender and develop in every county organization, not only what we can do for ourselves, but what we can do for the smaller society or the smaller unit in the state, in order that all our members of the profession may benefit from the work.

The attendance at public meetings has been partly answered.

The answer to Dr. Highfield is that we don't want the County Medical Society to come out before the public as being the sponsors of these meetings; we want you to have a local committee. Make it their duty and purpose to see that in your community during the course of a year, six, eight, ten, twelve or fifteen meetings are held, not under the auspices of your County Society, but under the auspices of some lay organization that shall sponsor it. The work of that committee is to see the officers of your Parent-Teachers Society, your Grange, your luncheon clubs, or other organizations that you have and get them to sponsor the meetings. Put the advertising problem before them, and have them place it before the public, you and your members and your committee serving only as the spur to get the local lay organization to sponsor these public meetings. When you do that you are going to arouse public interest. In Alpena, a week or two ago, through the Parent-Teachers' organization they got out at an evening meeting on comparatively short notice, an attendance of something over 500. That is the way it is being done by the members in Detroit. They are going before the Parent-Teachers' organizations and the various schools and carrying on the work that way. During the last year we reached 79,000 of the people of Michigan and told them some things about the truths in medicine. You can never regulate quackery or rule out these cults by any legal enactment. Education and a little knowledge on the part of the public is going to do more to eradicate them than anything else. That is our obligation to carry this education to the public; you have got to do it through those avenues and those means.

As far as the Constitution and By-laws; some of our County Societies have a constitution and by-law that was adopted in 1902, and the succeeding officers and Secretaries finally exhausted the supply, and there is probably, unless you search through your back files a long distance, no copy of your Constitution and By-Laws. That doesn't pertain alone to Michigan or your county, it pertains to the nation. Recognizing that fact, a National Committee was appointed that would redraft a new model Constitution and By-Laws for a County Society. That committee is going to report at the American Medical Association meeting at Atlantic City, May 25th, and will have prepared (and we will see that it is given publicity) a model Constitution and By-Laws for your County Society, which you may amend or change for your local conditions.

One more thing and I am through. Smith is going to talk a little later on on some of the problems we have in our State office.

I want to talk about The Journal. Your editor and your Publication Committee cannot write the scientific articles, or cannot prepare the scientific articles. It is true some of you will probably say we have sent in this paper and we have sent in that paper and it has not appeared or it has not been printed. The time was up until this year when we were limited as to space and could take care of only a certain number of papers that were submitted, having first to take care of some 75 or 80 papers that were presented at the state meeting. We were able to run only approximately from 6 to 8 papers an issue last year, and in previous years because of limited finances. We have

set this standard, upon advice of the Council: That a paper that is submitted for publication and that is published in The Journal must have some intrinsic practical value, not to be purely a scientific matter, or purely a scientific statement, but one that has some scientific practical value or helpfulness to our members; that is the purpose of our Journal, to give that help. We receive papers submitted to us that you know are practical papers and fine for your County Society meeting. They review the subject and give extracts from articles that have appeared in our National Journal, or from statements that have been made in clinics or in teachings, that are fine and bring to the member of your local Society the last word or the new things on that subject. However, when you come to the point of publishing that paper, when you go over it, you find that it is only an extract or quotations from articles that have already appeared in medical publications. They are a fine thing for your County Society and for your local program because it saves the man from reading some of these things, but it is of no practical, educational value in The Journal. I make that statement just to let you know why sometimes some of your papers do not appear in our publication. We want you to send in papers that are worth while and are of helpful scientific value to the members, and above all other things we want you to send in the case reports. I find that men about the state and in the city obtain more help in reading about a case, how you met this problem or that one in that case report, than they would in a lengthy article. The other thing we want is a record of our organizational progress, not only for our history so that posterity twenty-five, fifty or a hundred years from now may read. The other main basic reason why we want to keep up that record is that it serves to reveal to you how one county on this side of the state meets a problem. It helps the Secretary over in another County Society across the state to solve that same thing. As you have an idea, as you are developing a movement or you are developing a work in your county, as you impart that the Secretary in another County Society can read it, and it will be an inspiration and a stimulus to him to go and do likewise So my plea is that you send in reports of your meeting and s end them in every month. We want The Journal to be of personal interest. While this is putting a burden upon you, as I said before, that is your task and your job. We want personal items.

You have done splendid, we have no kick. I think Dr. Jackson, the Council, and Dr. Clancy, our President, will say that the central officers of your State Society are pleased with the contributions you have given.

We would be very unreal if we didn't want to secure still more, and that is why we are not trying to condemn or criticise or say that you are doing nothing. We want you to do more and we are here to help you to do it.

Recess until 1.30.

AFTERNOON SESSION

1:30 p. m.

Dr. Clancy: The meeting will please be in order. The next paper on the program is: "What Are Desirable Features of the Scientific Programs," by G. J. Curry of Flint.

Dr. Curry: Mr. President, I am not going to read a paper. I am just going to give you a few informal remarks on this subject. Apropos of what the President said in his opening remarks, that the State Association functions as well as its various units, the county organization, so do the County Societies function as well as the members are enthusiastic over the doings of the Society, particularly with reference to attendance. You will pardon me if I refer occasionally during my remarks to my own Society, because that constitutes my entire experience with County Society activities and programs. I like to look upon the scientific program of a County Society regardless of its location, as to whether or not it is in a small rural community or a large metropolitan center, as a post-graduate course. Oftentimes the members of the fraternity in the various counties do not have the opportunity to attend clinics at centers of medical education. Consequently their only means of coming in contact with what is going on in the way of professional medicine is by means of speaker from the outside, so that the first premise is a post-graduate course.

Now, I think the two fundamental things connected with the post-graduate course regardless of its location is first the subject and then the speaker. Then to go on a little further, and then we will go back and discuss those two points, it is impossible to have a good speaker and necessarily a good subject, unless you have an active secretary, and an active chairman of the program committee.

Now, if I might refer to Genesee County for a minute, I don't have anything to do with the procuring of the speakers, that is

all done by our Program Committee, which consists of one man, whose name is Dr. Marshall. I think we are very fortunate in having Dr. Marshall because of his wide experience throughout the state, and perhaps that is the reason we are able to get a large variety of speakers. This program is all mapped out at the beginning of the year, over a period of 20 talks or papers and it is outlined according to the various divisions of medicine, as for example, a subject on surgery, or one of the branches of surgery; internal medicine and the various specialties.

Then next is the location of the Society. That is a factor that has to be considered. One gentleman mentioned here the fact that it was difficult for him to get an audience and hard for him to get speakers in his small community where there were about twelve members of the profession. That is a point that has to be taken into consideration. Now, first the speaker—I believe that the speaker, if he is an outside speaker, should be brought from a convenient distance, so that you are sure he is going to arrive, depending upon your location near the centers of learning, choose the man who is able to arrive by motor car during the season which you can motor, and then your speakers that come from a greater distance, that would have to come by train can be reserved for bad weather.

Then the type of speaker—try to secure speakers who know their subject and know how to tell it to you, and particularly try to impress upon them in some diplomatic way not to read a paper. I thing that talks are very much more interesting. If somebody will get up and face the audience, tell them in an informal sort of way what he knows about a subject instead of having a large number of statistics that he wants to read, I believe that you can get it to your prospective speaker in some diplomatic way that papers are undesirable.

Then as regard to the subject—the subjects should be ones that are interesting to every member of the profession. If it is in a metropolitan district where there are a large number of doctors attending County Society meeting, we should have some one subject that is particularly interesting, so as to be sure to get them out, and then general surgical subjects that will get out the general surgeons of which there are a large number in every community. Some are always doing general surgery. We can usually get a large number of men out to listen to a general surgical subject. The laboratory is to be represented and in that way you have a constant turn-over of attendance coming in to listen to the various subjects on various branches of the profession of medicine.

Now, as regards the problem of the small rural district, I believe changes could be made there, not following this general plan that I have suggested for the larger districts such as we are in right here. It is a psychological fact that when someone is asked to do something and approached in a pleasant sort of way, and made to feel that the service for which he is being approached are very muc hin demand, that he gets rather puffed up on himself, and he is very glad to come and do it. We all like to be told that we are doing something quite well, even though we might think there is a little bit of blarney in it. I believe you can stimulate the interest of a scientific program by asking members of your own profession to give papers that will stimulate their interest and the other members of the profession in the immediate neighborhood will be interested to know what one of his colleagues has to say upon this certain subject that is assigned to him. I should think that would hold pretty good for the smaller district where perhaps the meetings are held once a month or perhaps once in two months. In my own city we are having meetings every two weeks. I believe that a good scientific program, next to the spirit of fellowship that we are all offering suggestions for the stimulation of, is the second best thing to get a good crowd out to a meeting.

These are only suggestions of my personal observations.

Dr. Clancy: Dr. Ricker, will you open the discussion?

Dr. Ricker: Gentlemen, I didn't know I was to open the discussion. This is a very important subject as I see it, and it has been well presented at this time by the men who are holding these medical societies where they have twenty-five to a hundred to attend. I could only speak from a small Society where we only have ten or twelve men. It has been my good fortune in the last two or three years to be associated with a program for the Northwestern Michigan Society which meets at Traverse City, or Petoskey, or Cadillac, because of the fact that that is the only way we can get enough physicians together, in order to hold what is really called a medical meeting. We have our staff meeting at the hospital once a month. We cannot present a scientific program; we cannot put over a scientific program and a scientific program is what the medical men in rural communities need more than anything else. They need the good fellowship, they get a great deal of that from their own organizations which they are associated with, and when you come to put the subject up to them of attending a medical meeting they go there and either go to sleep or have a cold or something else. You have got to have something very attractive to hold them; and the point which was brought out

here relative to reading papers is a very good thing. I don't think that any man should come to a medical meeting, I don't care how small it is, and try to put over a proposition of reading a paper, because they are going to have the same experience that I had in reading a paper at Traverse City last fall, when one of our own members of our own Society went to sleep and fell out of a chair. I didn't blame him a bit. He felt right at home. He always falls asleep at a medical meeting. We are handicapped, we have three months up in Northern Michigan when it is almost impossible to get out. We haven't any train service and the result is that the Medical Society lags behind during those months. You fellows are fortunate in Flint, Grand Rapids, Kalamazoo and Detroit, where you have got train service and bus service to bring your men together, but we are handicapped. We are in hopes to have more meetings in the summer, but in the summer we are serving the people and there we are handicapped again. The people all come up north in the summer during the resort season. The doctors say we haven't got time to attend medical meetings, we are too busy. That is true, too.

The suggestion was offered today by one of the doctors who come from Ann Arbor that possibly we might be able to get a post-graduate school at Ann Arbor. I think that is the next step along the line of our clinics which has been so successful this year. I was certainly very glad to read in the last Journal, reports of these Clinics that are being held in Michigan.

I think they are the finest things the Medical Society has done and one of the things that medical men need. We have been running along for some twenty or twenty-five years, we need some stimulus. These meetings that are being held are certainly doing a lot of good. I think that is about the only thing that we in the northern part of the state can accept in the line of a program for the education of our doctors; we get them together as often as possible and we have to get them together during the season when the roads are good.

Dr. Clancy: Who else will discuss the address?

Dr. McKinney of Saginaw: I think Dr. Curry made a very important statement when he said it was a great thing to give the individual member a job. I think Saginaw this year is having the best meetings it has ever had. The plan that is being used this year is a plan which has been borrowed largely from the luncheon clubs, namely, that of dividing the membership into groups. We took the membership of our Society and made as many teams or groups as we expected to have meetings during the year, which is about ten monthly meetings. We made no attempt to put the men in cliques; in other words, we took the other method of trying to put men on teams who were not in the habit of being associated together. We tried to make teams whose membership was especially interested in some branch of medicine, such as the men who are especially interested in obstetrics, put on one team, the men especially interested in surgery, etc., and the entire responsibility for a given meeting is put upon that team, that has charge of the meeting. We have found it has worked out as we hoped it would. Each team feels the spirit of competition and tries to outdo the team that had the preceding meeting. This has worked wonderfully well, and each team is perfectly free to put on any kind of a meeting it chooses. We have had noon meetings, we have had speakers from a distance and speakers from near-by cities, each team has a chance to work out its own plan.

A very distinctive advantage of this method has been that it has unwittingly helped the good fellowship idea because these teams do get together before the meeting, to plan for it, and it is bringing the men together who have never become acquainted before.

Another point that came to me this morning while Dr. Warnshuis was speaking was that I know that our Society is very lax; while we may have a fine program prepared, we have been very lax in not having anyone to open discussion. It appears to me that that is a great help, when you have a meeting prepared, to have at least three members primed to give the discussion a good send off.

Dr. Corbus, of Grand Rapids: It seems to me that the County Societies are lacking, forgetting one thing, and that is this, that you have got to train men to be able to appear before the County Society and talk. It seems to me here in Kent County and perhaps the other Societies, that the individual member of a Society is not given papers enough, that you are trusting to the outside men to come in and talk to you.

If this present plan to have these diagnostic clinics instead of sections of the State Medical Society, are going to deprive certain men who might have come or might be stimulated to write papers, from doing so, then we hope to supply that want through the Conferences that we are having around the state. These Conferences ought not to be taken by just a few men, they should be taken by a number of men, and those men before they get ready to appear before these Conferences that we are having, must have had some training, and it is up to the County Medical Society to see that they have that experience that will permit them to go further.

Some years ago I was President of the Kent County Medical Society, and was fortunate enough to have a very excellent Secretary who is now the Secretary of the State Society, and we instituted what seemed to me at that time, and still does, a very good plan. We brought men in, it seemed necessary here somehow to bring men in to get the crowd out, but every time we brought a man we saw to it that some one member of the Medical Society talked. I think that stress must be put on the necessity of the men of your own local Society getting up papers and talking before the Society. It is the only place that they are going to get that training which they need to permit themselves to go on and properly deliver a paper.

Dr. Clancy: Who else will discuss the subject? Dr. Wilson.

Dr. Wilson: At the staff meetings at our hospitals in Muskegon, the time is devoted first to a dinner, followed by presentation of cases, case reports and at each monthly meeting the deaths that have occurred during the past month are discussed and that fills a want. At our regular county meetings we have made it a practice to depend on our local talent for most of our work, especially are the younger men encouraged to take charge of the program, and once about every three months, or four times a year, an effort is made to bring in some outside man. The ordinary meetings are usually held after hours in the evening. I make it a practice to send out cards three days before the meeting, stating the place and time of meeting and the program of the meeting. If the papers are to be delivered the subject of the paper, the man

who will deliver the paper, so that the members of the Society are prepared to come and intelligently discuss the paper. I find that much is brought out in discussion that is not developed in the paper. I don't know that I can say anything about attendance. I think our attendance is unusually good; most of the physicians have their offices centrally located so that it is no effort after office hours to turn out to the meeting. The meetings are called for 8:15 and we are usually ready to go home at 10:30.

Dr. Clancy: Somebody else.

Dr. Jackson: I am not a County Secretary, never have been, but there are one or two things that has interested me in Medical Society meetings. I think that the interest is always enhanced by the discussion of cases. It seems to me that one reason why staff meetings at hospitals are really better attended by the men in practice is because the discussion centers about an actual case. There are case reports or discussions of fatal cases, and the history of the case, the methods of therapeutics, the results of therapeutics, whether or not a mistake has been made in the diagnosis or treatment of the case. The actual discussion of the cases always seems to bring out greater interest than the mere discussion of an abstract subject. I think that one reason why the hospital staff meetings are perhaps attended with greater interest is because the discussion centers about some particular case. We have tried in Kalamazoo and do about two or three times a year have clinics. Now I know there are certain objections to clinics, but we find that having, for instance, some man come and talk to us about heart, and have actual cases to present, we always get a good crowd at those meetings. We have once a year perhaps someone come to us and talk about skin diseases, which most of us don't know much about and all of us are worried about our patients, they are particularly good subjects for clinical demonstration. We have had the same in the problem of tuberculosis. We have had two or three clinical meetings where tubercular patients are cared for; men always turn out for those meetings. I believe there is a particular interest attached to the discussion of a medical subject if it is discussed in connection with some particular case.

Dr. Clancy: Will somebody else discuss?

Mr. Smith: Mr. President. I want to introduce one suggestion here that I think I have spoken of in The Journal several times. It seems to me the point that Dr. Curry made is a very vital one, having the programs worked out ahead, and not only that, but it seems to me there is a great possibility of developing correlated subjects for two or three meetings at a time, for then you pile up information as you go on. If that is thought out carefully by your Secretary or your Program Committee you make instructive progress all the time. Very often I think as I see the reports coming in, there is no relationship especially between the succeeding meetings, no relationship from one over to the second and third and so on, or they are not thought very far in advance. There, it seems to me, is a great possibility to stretch the point that Dr. Curry made relative to post-graduate instruction, having it more systematically organized for that purpose.

Dr. Clancy: If there is no further discussion we will pass to the next topic, "Aids in Secretarial Work," by Dr. French, of Lansing:

Dr. French: Mr. President and Gentlemen: When this subject was forwarded to me I was sort of at a loss to know just exactly what was wanted. There are certain routine practices that every County Secretary has to carry out. The way we do it in Ingham county, we have probably a County Society a little above the average as far as membership is concerned, having a hundred members. There is a good bit of routine work connected with the Secretary's position, in fact, a lot of it, and I am not going to bore you with any of the details of the clerical side of it because I have assumed that "Aid in the Secretarial Work" means not necessarily methods of facilitating the routine work, but the general work of the County Secretary.

I feel that the Secretary of the County Medical Society is in reality a sort of an advertising manager for the Society. He has certain routine things that he has to do, but his real function is in the capacity of an advertising manager. It is through him that the meetings and the various activities of the Society are announced and advertised; and it is with that view that I am just going to say a few things. Now, since the first of January the average attendance for the Ingham County Society has been 55 and I feel that is a very, very good record after hearing some of the average attendance that some of the men have given here today. I cannot help but feel, without taking too much of the responsibility of that, that that has been brought about largely through my efforts in properly announcing and advertising meetings. The cards for announcing the meetings I usually send out two days before the meeting is to be held, so that they are received the morning of the day before, and of course the time and the place of meeting and so forth and so on is on it, as also the subject, and the speaker. I try to word it in some such way that the doctors attention will be drawn to some particular thing on that announcement and then they will read it all through instead of just noticing that it is from the County Society Secretary and throwing it in the waste basket. Something on there that will draw their attention and perhaps stimulate their interest. Since the first of January we have made the practice of holding three meetings a month. Two of them are scientific meetings, and at one of the meetings the speaker or speakers are local men. They either give a talk from notes or give a paper as they see fit, we don't put any restrictions on that. The other Society meeting in the month we have an outside speaker, we have had vari-

ous men, some men from outside of the state, the majority of them are very good men, either from Detroit or Ann Arbor. Then the third meeting, and I can't help but feel it is an important meeting, we have in the form of a noon luncheon and at the luncheon we don't have a scientific program. We generally have a speaker, a man come in to give a short talk on a non-medical subject, for example, at the last meeting we had the Superintendent of the City Schools who gave a short talk on the general management of the school system, and I know that there was a lot of information that he gave that the men absolutely knew nothing about and everyone appreciated, everyone enjoyed it. So at the noon luncheon, it is more with the idea of social and also having an outside man in. We haven't as yet, but we are going to have two or three of the noon luncheons during the year where each doctor will invite some friend of his who is a layman to attend the meeting. We have inaugurated the idea of some music, community singing, etc., and perhaps some other type of musical program. We find that the men are turning out very well. They apparently enjoy that type of thing.

I cannot help but feel that the great aids in secretarial work are first of all doing away with as much of the routine clerical work as you can and in the second place stimulating just as much interest as you possibly can so that the men will take some pleasure in attending these meetings. Those are the "Aids" that I think are the primary ones to consider.

There is only one thing about the routine work that I want to mention, perhaps it may be of advantage to some of the other men. In Lansing we have an organization there which is known as the Commercial Service Company, and they have on their files the Ingham County Society mailing list. Instead of either myself or my office girl making out the cards each time and mailing them out I telephone the Commercial Service whatever announcement I care to have sent out, with their multigraph apparatus and their mailing list those cards are sent out. I know they are sent out because I received mine in the mail the next morning. That relieves me of an immense amount of responsibility. Perhaps some of the men in larger cities that have organizations of that type, could use that to advantage.

One other thing which I think is the main thing as far as the advertising is concerned, to have the co-operation of the Program Committee; so that you are having meetings that the men will enjoy, scientific meetings that the men will enjoy. Then by some little trick of your own or whatever you care to style it, for sending out your announcements in some way so that there will be something there that will attract their attention and they will finish the reading of it and attend the meeting. There must be something of that type because the average attendance at our meetings has greatly increased just in the last four months.

There are two other things which I try to do which are of benefit to me because they advertise the Society, and I think they are a benefit to the State Society: After the meeting I make out a report more or less in detail depending on the nature of the meeting, and forward that to the State Secretary. I don't wait a week or so, because I find that occasionally I forget. I try to do it the day after the meeting. These notices are also sent to our local papers and thereby we advertise legitimately the County Society. I don't call up the editor of the paper and tell him over the phone what it is. I take about ten minutes and dictate it to my stenographer, and she takes it down to the local papers and they publish it generally as I have dictated it.

I haven't attempted to bore you, as I said, with the details of the clerical part of the Secretary's work, but have just related a few of the things that I find will be of good aid. The idea of advertising, the idea of getting the Society in the paper, let them know that there is a Society, that they are having meetings and assisting the State Society as much as possible by getting the notices to them. I have noticed quite often in the State Journal that a great many of the Societies are never represented, they never have any notes in there, whatever. I think that other doctors see the Ingham County notes and know there is some activity in our county.

The advertising feature, as an aid to the Society and to the State Society, and the few little things that I have mentioned in regard to facilitating some of the routine work, was the message that I intended to deliver. Thank you.

Dr. Clancy: The Chair is going to ask Dr. Williams of Alpena to open the discussion.

Dr. Williams: I think the idea of the essayist on post meeting advertisement is a very fine thing. I think his idea of editing the account that goes into the paper has a great deal to do with the continued interest in the members of the profession, in presenting a proper and interesting paper, I think that is very fine. I know at one time a few years ago I kept clippings of what occurred in our own Medical Society, that had appeared in the paper and it consumed some columns at the end

of the year and some of them were productive of a good deal of interest and a good deal of discussion amongst our patients.

Another thing that is a distinct aid to the Medical Society is our own State Journal. We get a lot of ideas out of that Journal, particularly since we have had some little change in it in the last few months, about the quality of our meetings. We have endeavored to get in some outsiders to give us a little discussion. We are endeavoring to make exchange of our programs with other Societies. We think that in order to have our local essayists to do their best work, that they do not get sufficient publicity in speaking to the six or a dozen members who are there, that they are entitled to a more general hearing than we can give them in our local Society. We propose to send these papers to our State Journal, for their review and publication if they think best, and we propose also to ask essayists who carefully prepare papers to go out and give those papers before other local Medical Societies, providing we can make a reciprocity exchange with them for them to conduct meetings in our cities. We think that by these two means we can have the papers more and more carefully prepared and more and more of general interest.

Dr. Clancy: Will somebody else discuss the subject?

Dr. Van Leuven, Petoskey: Mr. President, so far in the discussion of the Secretaries from the larger towns, I haven't had my problem answered as yet. I told the Council in December I was fortunate or unfortunate in being Secretary of the deadest Medical Society in the world. I have been the Secretary for eight years. Maybe this condition is my fault, maybe it is not. We have had three meetings in eight years. There are several factors enter into that. These plans and talks and discussions we have had this afternoon don't fit my problem at all. A man lives in Flint with 50 doctors over there, more or less, you can get 25 of them out to a meeting. My district starts at Elk Rapids and extends to Mackinaw City; that is a distance of over a hundred miles and a territory 30 to 50 miles wide. We have in that territory about 40 doctors. The best membership that we ever had out of the 40 men is 29. Now, there are just ten men who attend who paid their dues this year in that big district. There is something wrong up there. Maybe they want a new Secretary. If they do they can have it. I have done all the clerical work I thought was necessary, placarded that country every time there was a meeting in Traverse City, Alpena or Cadillac. Nobody goes, for they don't seem to be very much interested. It may be that my territory is too big, and that the State Society could redistrict it, give some of them to Traverse City, and some to Cadillac. Maybe we can handle the north half. It is a problem to hold a medical meeting in Petoskey, Charlevoix and towns near by. There are doctors in every one of them, they will not come out, and I came down here on purpose this trip to see if somebody would tell me how we can get them out. The discussions at this dinner club are all right for cities like Flint, Jackson, Kalamazoo and Grand Rapids. They don't hit us at all. I hope somebody will be able to tell me before we go away tonight what we can do up in our district.

Dr. Stewart: Mr. President, I am from Houghton county. Houghton county, the district that I am Secretary of, includes Houghton, Baraga, Keweenaw counties, probably 40 miles in limit. As you all know, it is in the Upper Peninsula. In the winter time it is absolutely inaccessible. We haven't waited for the State Society to redistrict our place up there, but on alternate months we hold our meetings at three places. Calumet, which is 13 to 15 miles north of where I live, we hold a meeting one month. The next month we hold a meeting at Hancock and the next month at Houghton. In this way we keep up the interest of the men in these different districts. I offer this as a possible solution for the doctor who just talked preceding me.

I agree with Dr. French that one of the most important things is in advertising meetings and making these meetings of such interest to the doctors that they will come. I think that we should have a diversified program. I have a little plan on foot now for my next month's meeting which I have had for a month or two of giving a series of motion pictures, of diathermy and electric coagulation operations which the H. G. Fisher company of Chicago is willing to furnish us at no expense to the Medical Society. That always appeals to the members of the Medical Society when they don't have to lay out any money.

I also find I follow out Dr. French's idea of giving an announcement of the meetings to our papers, and also a report of the meetings afterwards, which I personally write up myself.

I found also that the simple placing of a placard on the day of the meeting, in the hospital, where all the men see it as they come in and register, has been a means of reminding them that we have a meeting. I would say that our Medical Society meetings are better attended. Why, I don't know.

Dr. Jackson spoke of the fact of taking up cases and giving these reports. I find that at every meeting on my program I have a place where I say Presentation of Cases. I find the men will present any interesting cases they have and they are fully discussed by the men present. We have our problems in Houghton county and we have tried to meet them. I fully believe that we should send in our reports of our meetings and show what we are doing, not only because it shows that we are active, but also the help it gives to the other County Societies.

Dr. Clancy: Anyone else?

Dr. Kudner, of Jackson: I think, for the most part, that the Secretaries are unnecessarily overworked. It seems to me we could get the President of the Society to appoint a few committees to help, it would be a great advantage. I think a Secretary ought to be on the Program Committee, but ought to have a Chairman, another committee for entertainment and so on down the line. I think that if the Secretary can direct the work and get somebody to do it, it helps a lot. They will put all the work on you if you will do it. I think it is a great advantage and then it creates an interest in the Society, to the other men, if there are committees. You ought to have a whole bunch of committees in order to create interest in the Society and also to help the Secretary and the other officers.

Dr. Clancy: Any further discussion?

Dr. Warnshuis: Mr. President, I have run the gamut from County Society Treasurer to President. This has been the perpetual problem that has come up before us year after year, not only here, but all over the state and practically all over the country. It seems to me that the only way you are going to get any interest in your County Society by your members is to create for

them some motive in which they are going to be interested, and which is going to call for some individual work on the part of each one of your members. I agree with you that the Secretary is overworked. The Secretary, I do not believe, should be a pen pusher or one who is answering the mail or sending out letters alone; he is the executive and the most important officer of that County Society. You will never find an executive in any business or any line of activity or industry, who is pushing; he hires that done or has somebody do it for him. You are the director and the taskmaster, but push the work on to the other fellow. The suggestion that was made by the two previous speakers and by those of you who have participated so far in this discussion, is committees. You must have committees and it is up to you. If there is anything that is going to be an anchor and a retarding factor in your County Society, it is a bunch of dead committees, who exist in name only, and do not accomplish anything. You want to pick from your members, men according to their individual characteristics and peculiarities, as well as their likes and dislikes, to form committees upon which they are going to serve. Then it is going to be your function to go and have a personal heart to heart conference with these men either over a high-ball or over a Bible, whichever is going to appeal to him and tell him just what he is to do and why. Then you have got to set up before your County Society certain things. I do not believe in being a calamity howler, but today probably the best thing that arouses a doctor or a group of doctors is to tell them they are going to lose out and they are only going to be paid public servants, and that the only way they can prevent themselves being paid public servants directed by a state taskmaster is to go out and do these various things that we as a state organization, and also as county organizations, have set forth as our program for the next few years. Get them interested in these community clinics; get a group of men, two, three or five members of your Society interested in something of that kind; get some of them interested in the work of your hospital and the activities of your staff and the relationship of your hospital staff and its free beds to the charity work of your county. Then get into the center of this so-called public health work so that you control and direct it and not that they direct or control you. The profession is relinquishing a large part of its responsibility to the public when it lets lay workers dictate to you what its health activities are, in your community. The profession should direct and guide these clinics. I am citing those few things to center activity upon and in which your members are concerned.

I said this morning that the scientific program has been and still will be one of the motives for which we exist, but Dr. Van Leuven, in your county, or in your district where you have had three meetings in eight years, I do not think are going to create a scientific program that is going to accomplish very much. A scientific program must be and will be for some time second and subservient to some other activities. Get the men in your district, two or three at first, in the form of a committee, interested in securing a county organization to inspire and stimulate the holding of some of these public meetings. Show by your reports how it is benefiting your members; then you are going to arouse some interest in your meetings. If you would advertise your meetings for the purpose, to discuss these measures and means, I think more of the men will drive out, especially if you will stress that it is affecting them, that they will drive to your meetings and help you build up. Then as you are having meetings you can commence to inject scientific programs. I realize in your counties that where there are only twelve men it is hard to get somebody to come over and talk to them, but yet in your adjoining county there may be also only twelve men, but one of those twelve men in the adjoining county may have had a paper or may have had an experience or experiences with certain types of cases so that he can come over to your county and tell you about them at your meeting. The same thing, some men in your county may be able to go out and help the county adjoining you and tell you about some similar experience, and so make a contribution to your scientific program. You cannot expect all the men to come from Detroit to these smaller counties that have a membership of from ten to fifty. You can do that in Jackson, Ingham county, Flint, and some of the other places, but you can't do it in your smaller counties. You have got to get together in a semi-social manner centering upon some definite piece of work that your men have determined upon that would make the practice of medicine in your county better for you and better for the people of the county and having centered upon that thing, put it across. When you have put one thing across and they see what you have accomplished and how it is benefiting them, they will join in much quicker in putting over the

other things and become interested in organizational work.

Dr. Clancy: Dr. French, will you close the discussion?

Dr. French: There are just a few things that I perhaps did not make clear in regard to the committees, a lot of that work is new to me. We have a very excellent Program Committee. The Chairman is a very active man and he has outlined a very good program for the year. There is no question but what active committees are an aid not only to the Secretary, but to the whole Society; we have got to have them; they are not only an aid, they are a necessity.

There is one thing that I did neglect to mention in connection with the notification of the meeting, that was that on the morning of the day of the meeting we telephone to the men of the city.

The doctor from Muskegon stressed the fact that the Society meeting was better attended than the staff meetings. I find that that is true also in Ingham county. I don't know of an exception when the attendance at the County Society meeting has not been better than at the staff meeting hospital.

Dr. Clancy: The next subject, "Community Responsibility and Work of the County Society," will be given to us by Dr. Kudner of Jackson.

Dr. Kudner: Mr. Chairman and Fellow Secretaries, Councillors: The trouble with having your paper come a little late in the afternoon is that everybody steals your stuff. I had a lot of good things down here, I thought they were good, but as the afternoon goes on somebody gets them off before I do. I hesitate about reading this paper and I hope nobody will go to sleep, however, it is not very long.

COMMUNITY RESPONSIBILITY AND THE WORK OF COUNTY MEDICAL SOCIETIES

What is the responsibility of the County Medical Society to the community? I believe the answer to this question can be summed up in the one word, "health." We, as physicians and members of organized medicine, are directly responsible to the people of our community for their good health. It is a burden which was placed on our shoulders centuries ago and which has continually become heavier as community life and medical knowledge have increased.

As new knowledge concerning disease is brought to life and we find new methods of its prevention, the problem of applying these methods to the community is ever before us and is ever becoming more complex. Thus, a greater number of diseases are becoming public health problems. The modern prevention of goitre in this state is a notable example. In the last two years we have seen how an old disease can become a public health problem, because of the discovery of its etiology.

Because we are the guardians of the health of the community we should be the "leaders" in these matters instead of awakening to find ourselves following the civic organizations in undertakings which rightfully belong to us. In order to do this we must be active as an organization.

Organized medicine and the medical schools are today the chief factors in the advance of medical science, the prevention of disease, and the improvement of general health. The County Society is the means of contact between organized medicine and the community and the medium through which all the activities of organized medicine are transmitted directly to the people. If a Society is not alive and active, that particular community will suffer, because it is out of touch with organized medicine and its program for better health. Therefore, it should be the function of every County Medical Society not only to maintain a high plane in the practice of medicine, to promote a feeling of good fellowship and high ethical ideas among physicians, but also to take an active leadership in all matters pertaining to the health of the community.

What are the methods that can be used by the County Medical Society to better the health of the community? I believe that the County Medical Society should take an active interest in the local Department of Public Health. They should urge the appointment of a well trained physician, see that he is adequately paid and has a sufficient budget with which to run his department, and above all they should give him the heartiest support and co-operation. In this way only, can we be sure of a pure milk, water and food supply, but also that all the details of community sanitation, and the prevention of contagion are being properly carried out.

As an organized group we should aid in the dissemination of authoritative medical knowledge among the laity. Every physician must admit that in order to discourage cults, quackery and pseudo-healers, it is only necessary to diffuse a small amount of medical knowledge among mankind. We can best do this by encouraging such magazines as "Hygeia" and by the use of authoritative articles in the public press. Civic organizations such as luncheon clubs, women's clubs and Parent-Teachers' Associations are usually very anxious to hear a good speaker on subjects pertaining to hygiene.

It should be the duty of the County Medical Society to provide these speakers. We should make it a point to have a medical

speaker talk to a public audience in the community at regular intervals, in order that the ideals and aspirations of the medical profession may be kept in the limelight. Along this same line, we should co-operate with the State Society and the University in the medical extension work they are doing, and offer our individual services when called upon to speak in smaller communities. This is a splendid work and will do the medical profession an enormous amount of good.

We should endeavor to teach people the advisability of a periodic health examination and be prepared to give them this attention. It is because the profession has been slow in taking up this phase of modern medicine that commercial institutions have sprung up all over the country which specialize in the periodic examination of urine specimens, and even the art and science of reducing obesity by mail. I believe that organized effort by the Society to educate the people to the benefit of periodic examination would give considerable impetus to this important movement.

The County Medical Society should endeavor to discourage the cults and healers not only by educating the people, but by keeping constantly on the alert so that no legislation may be enacted that may lower the educational standard of those who care for the sick.

The Society should interest itself in all charitable activities pertaining to health. It should see that the community provides proper facilities for handling the indigent, the mentally deficient, and the under nourished and under privileged child. We should be leaders in these matters and not followers, as it is only in this way that we can properly control these activities and curb the tendency of social organizations to put on clinics. I am heartily in favor of clinics for indigents when they are properly controlled, but I deplore the fact that other social and civic organizations have taken the leadership away from the County Medical Society in these matters, largely because we have been lax and have not appreciated the necessity of such clinics.

I believe the time is not far distant when the County Medical Society can no longer be an association for the benefit of physicians only, but should take an active and leading part in the affairs of the community, especially those pertaining to health. As an organization we can only do this if each and every member of the Society, as well as the Society as a whole, is active.

Dr. Clancy: Dr. Jackson, will you open this discussion. It is a great big subject.

Dr. Jackson: I just wanted to discuss what Dr. Kudner said about Rotary Clinics. I am interested in it because it is just being started in Kalamazoo county, and the subject was presented last night. I don't know as I quite agree or deplore the fact that it is not started by the County Medical Society. I think it is a pretty good thing. I think it is a part of the education of our public in medical matters that they start these things themselves. I am glad of it, I am glad to see the public interesting themselves in the problem of crippled children, and in other problems like tuberculosis work which has largely been taken over by the laity. I think we ought to encourage it. I think we ought to do everything we can to have people interest themselves in this line of work, but I do think that doctors sometimes make mistakes when somebody else undertakes something, to say they will have nothing to do with it. My notion of it is that we ought to encourage this work put on by various organizations, that we ought to interest ourselves in their effort, so that we can control the way in which the work is carried on. I think it is the function of the medical man, their responsibility in the community, to see that this is not something ephemeral. We should control it and see that it is actively productive of results. The problem of crippled children is a matter of interest. It is something that cannot be all done in a few weeks. It is something that has got to be controlled and we with our medical knowledge are in a position to guide and direct the laity in such a matter, and my plea is that we interest ourselves in such activities and see that they are properly carried out.

Dr. French: I just want to say a word in connection with the Rotary Club clinics. We have had two at Lansing, one last fall and the other one the year previous to that. The first one was put on by the Rotary Club independent of the County Medical Society. They had Dr. Kidner from Detroit as consulting orthopedic surgeon and the County Medical Society was not consulted about it. There was quite a little feeling on the part of the doctors towards the Rotary Club. About a year ago now, the question, of course, was brought up again as to the advisability of having another committee. It was fostered by the Rotary Club, but this time the committee appointed the County Medical Society, conferred with the Rotary Club committee and this joint committee, so-called, worked out the schedule. The thing was financed by the Rotary Club and the doctors of the County Medical Society volunteered their services. It was held at Sparrow Hospital. The doctors not only brought in cases that might come in under their care that they wanted Dr. Kidner to see, but they also spent whatever portion of the day they could afford to spend at the hospital in making a complete physical examination of the patient before Dr. Kidner saw the case. I wouldn't attemt to say definitely how many cases were seen. I think somewhere in the neighborhood of 200 were seen by the doctors. There was complete harmony between the Medical Society and the Rotary Club. The year before there hadn't been, this year it worked out very nicely.

Dr. Ricker: Mr. Chairman: I happen to be a Rotarian. I take the stand that the County Medical Society should look after this work. I feel that the County Medical Society, as it has been said by some of your representatives here today, should sponsor all health activities. Nevertheless, I feel as Chairman Jackson of Council says, that there is an education part of this for the laity. This was brought out very fortunately in the meeting which I attended last Thursday morning in which the

laity is becoming educated to the fact that this work can be done, and is becoming educated to the fact that there is a stigma being placed on the community in the form of a chiropractor who is throwing out his wires trying to hold these patients. There again is the educational part. I regret very much to hear a report from Hillsdale county, in which our Dean of the medical profession, who is also one of the Board of Regents, told one of the laity who is a member of the Rotary Club that there are no crippled children in Hillsdale county. I understand they cleaned up something like 125 in Hillsdale county. We, as a medical profession in some respects feel keenly what the doctor from Lansing said existed in Lansing. I know that in my own district the doctors have said to me, you don't want these orthopedic surgeons coming up here and letting the Rotary Club feel that there is only one man in Michigan on the job. You know there are more, but that particular man is the only one who can correct these deformities in children. The medical profession don't like to have the laity feel that there is only one certain hospital. We, as medical men, have to guard these conditions. The Rotary Club is working earnestly on this proposition. They have brought something before us as medical men that we are stunned at the results—I know I am—and our good friend Hugh Vandewalker, and Daddy Allen, the father of crippled children, both of those men are sold on the proposition. I know them well enough to know that they are confident that every medical man in the community is capable of doing his part towards taking care of these children, and their idea is not to belittle the medic. Let us be behind all of these movements, get behind all of these movements for crippled children or any other public health movement, be right with whoever is carrying on this program and advise relative to it, and I thing we will get results.

Dr. Curry, of Flint: Long before the Rotary Club took up the problem of care of crippled children we established an orthpedic dispensary.

Long before the Rotary Club took up the work in Flint, I should say about a year, perhaps a year and a half, we had a very active orthopedic dispensary. From that time on all the cases that they saw at this one day's consultation, increased by the activities of the orthopedic clinic down town so that we have been able to take care of the orthopedic cases that the Rotary Club has had anything to do with from that time on. We have kept them from going to Detroit and other places and undergoing the extra expense.

Dr. Darling, of Ann Arbor: One feature of this that I think has been overlooked: I attended one meeting in Ann Arbor and I got this impression that the real thing back of this movement by the Rotary Club was that a man became interested in the patient that he picked out or pledged himself to look after, and that the looking that patient up did not end the labor with that particular individual. He was supposed to see that that child went on to have proper attention and proper education.

Now most of the men who haven't had to do with orthopedics cannot realize the length of time which is necessary to carry on a proper treatment so that you may get results. I know what this is for I have worked at it for a number of years. It requires a long time, and the great difficulty with most all of this work is that the parents become dissatisfied or discouraged and after a year of treatment the patient falls back into the same line and the same trouble. I think if there is no other thing done by the Rotarians, they get this spirit and follow up, and the man that takes over this case will follow that through, the interest that that man will take in medicine and in the health of humanity is one of the greatest things that can happen. There is enough work for every doctor without his being afraid of somebody else doing some that he won't do.

Dr. Clancy: Somebody else desires to discuss this?

Dr. Wilson: I would just like to say a word. The question has come up in Muskegon the same way. The Rotarians put on such a clinic and brought in crippled children from various parts of the county, some very marked cases of hydrocephalus were brought in; one patient of mine that had been twice sent to Ann Arbor with atrophy following infantile paralysis, had been returned; said nothing could be done.

Many of the children that were brought in were beyond medical help and in those cases usually they were advised that the tonsils and adenoids be removed. The Kiwanis started a movement to take out all the tonsils and adenoids from all the children in Muskegon. I might say in regard to the work the Rotarians did, this was announced in our daily paper, and the chiropractors wrote to the Rotarians offering their services free. The Rotarians replied that their letter would be referred to the committee composed of Dr. Lefevre and a couple of others. The chiropractors immediately replied that they didn't expect an answer, which they didn't get. The Kiwanis Club then went on, took out all the tonsils and adnoids. At the present time the City Board of Health are running a series of infant clinics in all the schools, sponsored by the Parent-Teachers' Association.

We are paying a Grand Rapids man twenty-five dollars a day, one day a month, to come over and look over our tuberculosis cases. The question comes among the doctors over there, where is the end of this? Our County Poor Commissioner boasted that during this particular month, his bill for medical fees was $50 in a county the size of our county. It seems to me that there are but two classes of patients, the class that cannot pay and the class that can pay. The City of Muskegon and the City of Muskegon Heights and the County furnish physicians to take care of the indigent poor. It seems to me that there is much needless charity work being done. I speak from the opinions I get from talking with different members of our profession who say they are getting tired of all this charity work; we run a clinic in one hospital one month and take out a bunch of tonsils and adnoids; the next month they run it in the other hospital. The doctors who do the work do it gratis.

It seems to me as though there should be an end to that kind of work some place. Why is it that the individual feels that they can get the better service by going to Grand Rapids, Detroit, Chicago, or Rochester, Minnesota, than they can get at home. We have some very capable men in Muskegon, several members of the American College of Surgeons, men who do good work. Why do they go to these other places? They have no way of judging of the value of our services except by the fee they pay. They figure if we charge them $150 for doing that; they get twice as good a job from the man that charges $300. I am asking as a matter of information, where is this thing going to stop? Are we eventually going to limit our work to charity work or is there going to be some place to stop?

Dr. Clancy:

Dr. McKinney, of Saginaw: I think the danger of the motives of the Medical Society is so liable to be misconstrued, that it is well in all these movements that the Medical Society remain a silent partner. For instance, I don't believe in our educational plans we have made sufficient use of the motion picture. I do happen to know about the service that is obtained at the University of Wisconsin, in which it is possible to secure some very excellent motion picture films on subjects interesting to lay audiences. These films can be secured simply for paying transportation expenses, and I think it is an excellent way for the Medical Society to sponsor an educational movement by simply arranging to have these films for the use of the Parent-Teachers' Association, for instance, and at the same time remain absolutely in the background. I think the Medical Society will feel well repaid if the educational movement goes on even though the Society gets no credit for it.

Dr. Clancy: Anyone desire to discuss it? If not, I will ask Dr. Kudner to close the discussion.

Dr. Kudner: I did not mean to criticize the Rotary Club for putting on these clinics. I meant to criticize the County Medical Societies for being lax about these matters. I think that the Rotary Club, these luncheon clubs, are the ideal organizations to carry on these clinics and this work for the crippled children, because of the follow-up work. You not only have to cure these patients, but you have to educate them, have special schools for them. It is a wonderful thing for a business man to follow a crippled child through the treatment and also through school, a wonderful thing for the children, but it is a wonderful thing for the man. I am more concerned with the fact that we don't see these things in advance far enough to appreciate the necessity for these things.

It would have been a wonderful thing if the County Medical Society had suggested these clinics to the Rotary Club. Probably some doctor did. Of course there is always the question of where are these clinics going to end. Every time some woman wants to get her name in the paper she starts a clinic, and there isn't very much we can do about it. The minute we say anything about it they accuse us of being commercial and being afraid of losing our practice. I am heartily in favor of these clinics, but I don't thing that the profession ought to lose control of them. They ought to keep them well in their own hands and I think that all matters pertaining to health should come from the medical profession.

Dr. Clancy: Within the last year, owing largely to the thought that had grown very large in the minds of the medical profession of the state, a thought that sought greater things, an enlargement of the activities of the Society, gave encouragement to doing more than had been done before; and the very first requirement, the first demand made would be to create a larger fund to finance any enlargement of the activities of the State Medical Society, but when that was presented, as you will recall, it was very kindly received and the last medical convention acquiesced, believed that it would be a good thing, and the result was the increasing of the annual dues from each member. Some things were said, some things have been said since that convention or meeting of the State Medical Society for the purpose of endeavoring to carry to the minds of the members throughout the state, an explanation of why this was done, and some information carried to them concerning what would be done with this enlarged financial exhibit in the State Society treasury. The Journal was to be enlarged and it has been, and we have done some other things, but there was selected, as you all know, I am not telling you anything new about it, somebody to help out with the work of the Secretary-Editor. He comes here today with a lot of things. He does a whole lot of things, he chases all over. I don't know when he is very much at home, but he comes to us today particularly to present for our consideration the subject of Co-operation with County Societies. I desire to introduce the Executive Secretary, Mr. Harvey George Smith.

Mr. Smith: Mr. Chairman, Secretaries, Gentlemen: I have certainly been interested and delighted in hearing the discussion that has been carried on here in this meeting today.

When I do discuss this subject of co-operation, I turn my mind at once to the question of what it is, and that is the thing that we have been trying to define for so many years. I never yet have found a real good definition, but I know one thing, that when conditions are right, we can say there is co-operation, and when conditions are wrong we can say there is no co-operation. Just for illustration, over in Bulgaria, I know there is no co-operation.

I know that when somebody takes a machine up in the top of the Cathedral there for the purpose of blowing up a number of hundred of people, there is not very much co-operation going on in that country and in that community. I know, on the other hand, that had there not been that condition there, I would have felt a lot better and all the people, those 160 that were killed, would feel much better if they were living today.

Those are some instances of what co-operation is and what it is not. When I was working with the United States Department of Agriculture trying to figure out what co-operation was and what it was not, I usually found that there were certain sections here and there where an atmosphere of getting together was apparent, a desire to work together in harmony, to do something constructive. On the other hand, I very often found communities where that spirit did not exist and that for some reason we could not get it started.

Co-operation, after all, is a development, it is a growth, it comes out of the group. We are all parts of groups. That fact cannot escape us. We have our County Societies. We have our Parent-Teachers' Associations. There are an endless number of groups. It is out of these groups that various activities are devel-

oped and grow, grow for good or for bad. The medical group is one of the very narrow groups and consequently as a result it separates itself naturally, and easily from all the other groups. Not because the medical group wishes it so, but because of its usual, regular activity. As we think through this point of the group, we naturally come to that conclusion that if we intend to make progress we must begin within the group itself.

Who are the people that are going to co-operate? The medical profession is divided into its County Societies. They are organized into their state unit. It is related to the public, the public in turn is divided up into its various groups and factions, organizations and societies. All this is strata upon which to build and co-operate. Why do we want to co-operate?

This is a very pertinent question and one that you have discussed from various viewpoints today. One of the first points that you have made, and that is foremost with people throughout the state, is service. You are co-operating to serve your fellow man; you are co-operating to serve yourself. That must be done, and it is being done. If you forget to serve yourself, likewise everybody else forgets about you. You are not going to solve your own problems if you leave it to some other unit, group or groups.

To progress, however, we likewise must know the needs that are existent within each community. We should obtain pictures of every county and every County Society from a health point of view. The medical viewpoint and public viewpoint should be definitely portrayed. With these pictures we could consistently study that program that we wish to build in each county. We would know how to co-operate; whether to foster or whether to interest other organizations in carrying on one activity or another. I believe that all constructive work must start at its foundations and that it must be built up on these foundations. Each County Society must set itself upon its foundations and then start to build up from them as it goes on from month to month and year to year. The State Society is ready to take part in the building process with each County Society.

On this basis, the possibility of developing these various programs of activity is evident. In our own profession, we can constructively, over a period of a few months or a year, develop that science of medicine so that we ourselves are receiving direct benefits from week to week and month to month. Through proper and careful publicity we can inform the public, tell it what we are doing, and that we have no secrets to hide. The doors are open at any time for anyone to investigate.

If we take the public in our charge, likewise we can study it, and learn how we are going to do this community work to obtain the greatest results. Are we going in and advertise a series of meetings under the direction of the Medical Society, or are we going to suggest to certain groups and organizations that are interested in health, that we are ready to do our part at any time that the demand exists. The demand does exist. I was very much interested in what Dr. Williams said up at Alpena. I suppose I will be criticised for mentioning Alpena, because I used to be up there at one time. Dr. Cabot said to him, "You know, we don't take folks into consideration enough in our medical profession. We just go along and think we know," and Dr. Williams replied: "Yes, that is the case, that is true, but," said he, "here is an instance that actually occurred." He pointed to a community eight or ten miles out from Alpena where there had been diphtheria, now a case and then a case, causing much unrest, and yet, in spite of all, the doctors were unable to get that community to see that something ought to be done. A prominent citizen came in to Alpena and Dr. Williams suggested to him, it might not be a bad idea if they carried on a vaccination campaign out there and got all the children vaccinated; there might not be any more diphtheria if they did that. Immediately it developed an interest on the part of that layman. If it might be done, certainly it can be done, and if there is truth to this, why not look into it and get it done? As a result, all of those people brought in their kiddies three different times without a single one missing, out at the school house, out in the country, and that job was done.

This is simply an indication of what the right suggestion at the right time may do, and if one man can make that right suggestion, then it means there are 56 counties that have men in them who can continuously make those right suggestions for the good of the public, as well as for the good of the physician. The value of suggestion is tremendous. In most cases we forget about it. We are so busy on our jobs that we fail to take into consideration the other man's point of view and we rather begin to argue with him or try to convince him that he is wrong, in place of making the suggestion. The layman at the present time is not in a very good state of mind to argue. He is not well enough informed, in the first place, on the science of medicine in general to argue, but at the same time, if you should try to start an argument, he knows he can't argue the question and naturally takes an opposing attitude, or at best, is suspicious. I am very firmly convinced that the suggestive way of approaching the public is a much more wise way. It brings results. (I may say I don't think it would be a bad idea for us to review our sociology and our psychology as we ap-

proach these problems of organization in our relationship to the public.)

In our task, we must remember the public is surrounded with customs, suspicion, tradition, that come, not from a few days or a few years, but from a social heredity that has been passed down through the ages. Along with the education in our public schools, we have the social education passed by word of mouth, and that is what we are having our trouble about today. It is the retarding factor. While we have been going along in our science, discussing and building it up, making it much more effective than it ever has been, we have forgotten the public in its relationship to the science. Today, we yet have that suspicious attitude. It can only be overcome by careful and intelligent action. It means a very careful and thorough study of every community to obtain the right approach to the solution of the question. The State Society, as Dr. Clancy has said, and as you well know, is trying to help each County Society to solve these problems. If it is possible for one man to get around to every County Society in a year's time, I am going to try to do something of that kind. I haven't gotten very far yet. I have been busy at post-graduate conferences.

It is quite an essential thing for us to visit back and forth to strengthen the bond between every County Society and the State Society so that co-operation moves on a line back and forth, rather than just one way, because co-operation really is not co-operation if it only moves in one direction. It must move both ways. The State Society, in conducting the post-graduate conferences, is directly co-operating with each County Society. We hope, as you know, to have at least two of these in every Councillor District; that means with the County Societies of these various districts.

We are working on the legislative program. We have been carefully at work at it, quietly at work at it, and yet at the same time we have come to you for assistance. We have written letters, we have written more letters, sent telegrams, and some of you have wondered why all this agitation about legislation. The motive has been to protect the public and indirectly the medical profession. So far we have been able to secure results and we believe we are coming through to the end very safely. I must confess that it was a hard job for us to get all of you to work. It was a difficult task, and yet the greatest amount of good came when every section of the state of Michigan responded, not only one place, but when every part of the state was on the job; that was co-operation; that meant that the state was organized, that it was interested in the public health and not in one little section of the state. When we do write these letters to you, don't criticise us too severely, but feel that we are deeply and vitally interested in helping to solve one of the most vital problems that confronts every medical man of the state of Michigan, those of other states, and in the health of the people of the state of Michigan.

When the legislature is adjourned, we are to carry on this proposition, not in prosecution, but in education, community education in the sciences of medicine and health. So co-operation again in legislation, is the working together of the central Society with everyone of the County Societies and the County Societies with the central; the central must exist and it is the Clearing House for every County Society. We want to see co-operation, in reports, in special features of achievement in every County Society. Send your stories through your central office, and let your fellow man know what you are doing.

Another point in the way of suggestion on co-operation was brought up by Dr. Ricker or Dr. Williams. We have 56 County Societies in the state of Michigan; suppose everyone of those Societies had a scientific team to go out and meet with three or four counties adjoining. Two hundred twenty-four scientific programs can be given by this method alone. What a tremendous thing can be accomplished by co-operation of every Society with every other one and each taking over a certain amount of responsibility. Dr. Williams says, Bay City is going to Alpena to give a scientific program. May the co-operative germ infect each Society. Co-operation in your scientific program is going to bring unrecorded results. I think it is going to take the membership which stands today in paid-up memberships at 2,300 of a possible 4,500, to 3,600 or 3,700 doctors in the state of Michigan, and the more that we can get into this ring of co-operation, the more certain it is that the results are going to be bigger. So we have co-operation there.

Then we have co-operation with every individual doctor, and the State Society is always ready in any way to advise any individual doctor so far as it is able to do so. Every single doctor is to receive service. He is paying his dues into this Society and he ought to get something back, and we want everyone to get something back for the money that he pays.

These are some of the ways that the State Society is ready to co-operate with the County Societies and with the individual members of the medical profession of the state of Michigan. It is part of my job to help carry out this activity. Let us co-operate and put definition into an old friendly word.

Dr. Warnshuis: Mr. President and other Members of the Conference: Mr. Smith has set forth some of the ideas and program that we are trying to institute. We want, above all, the membership of our State Society to have this information, that while we have a

Council of our State Society composed of a member from each congressional district of the state, that forms the executive body of the Board of Trustees, or whatever you wish to term them, of our state organization, empowered to act in your behalf during the interim between our annual meetings. That Council meets at the time of our annual meeting and also had a mid-winter meeting. The Council has, during this past year, for the first time instituted and created an Executive Committee composed of the Chairman of the Council, the Secretary, and the Chairman of the three standing committees of the Council. This Executive Committee is meeting once a month and taking up organizational problems, meeting with Mr. Smith and myself and discussing the plans we are setting forth. We are trying to carry out your wishes and the wishes of the House of Delegates as expressed by your representatives who compose that House of Delegates, in putting forth an active organization in the state of Michigan. It is for that purpose that the Council and your House of Delegates authorized the employment of Mr. Smith. Mr. Smith, you might say, is our field man in a measure, and while he has only been on the job for a short time, having commenced to labor the first part of December, he has been familiarizing himself with organization work as it pertains to medicine He has been also concentrating a large part of his time in preparing the arrangements and conducting the Clinical Conferences that have been held in the different districts.

In addition to that, he has spent a considerable amount of time in Lansing, working in a very effective and quiet way, and one that has been potential, in presenting our rights to the Legislature. That is the type of work that Mr. Smith has been doing under the direction of the Executive Committee of the Council and your Secretary. It is now purposed, during the summer months, that Mr. Smith is go ing to visit, insofar as it is humanly possible, every County Society in the state. We purpose to have him come and meet with you and spend a day or spend probably a couple of days in your county with you as Secretaries, and the officers of your Society, going over your medical problems that are confronting you men, and to help, insofar as possible, in outlining for you a program in your County Society that is going to interest your members. He will endeavor to put across some organized activity that is constructive in each county of the state.

That is what Mr. Smith is going to do, and start out just as soon as it is possible and go around just as rapidly as possible.

When he comes into your county I know you will not have to bespeak for him any reception. I know you will give him every cooperative assistance that you can. I think your Executive Committee of the Council is very hopeful that that is going to produce results. Mr. Smith and I are at the present time engaged in trying to make a survey of the state of Michigan, and ascertaining not only population and social surroundings and economic conditions, but also to ascertain the advantages or the opportunities that exist for the people to obtain medical service of a modern type, and we are going to take up that work and help you in that line, as well as the people of your community in providing a type of efficient medical service for the various counties through the state.

We are going to ask you to help Mr. Smith when he comes into your county, to go over to that county or location with him and help show the men that they have to render service to the community. This is a little addenda to what Mr. Smith has had to say.

Now, Mr. Chairman, we have come to what I consider the most important part of the program, and that is this Round Table discussion. We are going to sit around and talk of some of the actual realities that you are engaged in in your organization work. The first subject under that is Membership, New and Delinquent. I may say, by way of opening, that there was some doubt expressed as to whether we were going to lose members because of the raise in dues. I am very happy to announce that up to the present time our collection of dues at this time of the year exceeds by now almost 500 dues that have been paid in previous years. Our members are not dropping because the dues have been raised to $10. They are realizing that we are trying to do something for them. There are approximately in the state 4,000 doctors, and we have in round numbers approximately 3,000 who are members of our state organization, leaving approximately 1,000 doctors who are not affiliated with our organization. Out of that thousand must be taken certain men who are connected with corporations who are not engaged in active practice. Some of them are connected with schools and are not engaged in active practice, and then there are a certain number of them listed as doctors ineligible for membership. There are approximately, in my judgment, somewhere in the neighborhood of between 600 and 700 doctors in the state of Michigan who are not members of county organizations. The problem I want each one of you take up just at this moment, the thing that Mr. Smith is going to take up with you when he comes to your county, is New Members. What is the reason why you have in your county five, ten, possibly twenty-five doctors who are not members? Will you tell us right now, each one as rapidly as possible? Dr. French.

Dr. French: I think there are about four

or five doctors in Lansing, I am speaking of the city now, that are not members of the County Society and I think I can safely say they would not be eligible.

Dr. Warnshuis: Will the rest of you men give some of the reasons? That is what we want to know and find out why some of them are not members, and how you could start, as soon as you return home, to get these men in, or secure the reason why they are not members.

Dr. Highfield: There isn't any one thing that will answer that. Sometimes a man is sore. Another time he is old and don't care to take any active part; he hasn't got a very big income, he don't want to pay the $10. There isn't any one thing that will answer. And sometimes a man is so far out of the usual routine or distant from the center of the activities that he cannot get to a meeting and he don't want to bother to pay; a different answer for each individual, I think in my three counties.

Dr. Williams: I think that the basis of each organization is the qualification for membership. Our own Society solved the difficulty by establishing a certificate of membership—not a certificate of membership, but an application for membership, which reads that the applicant pledges—and this was made particularly for those members who had been expelled previously from the Medical Society and their friends who did not care to belong who were made sore, we got out an application for membership that said that they applied for membership in our Society; that they pledged to uphold the principles of ethics of the Medical Association, and so on and they signed their names to it. These members which had previously been expelled from the Society, for instance, it was a thing that put the matter over, and the three members of our medical fraternity who had previously not been acceptable to other members, were admitted on that and it had a wonderful influence on the feeling of the Medical Society and the feeling of the people of our city. The people of our city appreciate the fact that our medical men are a unit and it must be attempted in the spirit of conciliation and fellowship in order to be put across, and the Society is fortunate it has a President who is given to that spirit of conciliation, who wants all the members of the Medical Society who are members in the county as real members of the Society. I think many of these Societies if they would have that spirit of conciliation, give and take, that the thing would be quite naturally settled.

Dr. Warnshuis: May I ask the question: Have you men, as Secretaries, made any effort within the last year to approach these men who are not members?

Dr. Shackelton: As far as Kalamazoo is concerned we have just one delinquent. On the 18th of March, or just prior to the 18th, the Executive Committee had a meeting and authorized the Secretary to draw up a letter and send to men who had not paid their dues. That letter was sent out as a registered letter, with a return receipt. Every man with one exception came across with his dues; that exception was a man who has been habitually delinquent. He applied for reinstatement last December, he paid his dues for $10. He wasn't accepted into the Society until January, at which time he was notified he was a member and also paid the dues. He has refused to pay the additional $5. Each physician in the three counties who is not a member of the Society has been listed, and that list has been turned over to the Membership Committee. As I have mentioned before, we have at the present time three men who want to make application to the Society, but are hesitating simply on the question of professional ability. The rest of them are undesirables, are people who retard the practice.

Dr. Stewart: I might say in Houghton county we have about three non-members, I should say probably five, two of them are undesirable, and one man is of the same type Dr. Williams spoke about. As to getting in new members, we have taken in four new members this year. They were men that recently came into the county. I make it a point to at least ask these men who come in to join the Society, and the ones that have not joined it are just temporary assistants at the mines. I might say that there was quite a bit of kicking on some of the men on the increase in dues.

Dr. Brush, of Port Huron: In St. Clair county we have possibly seven or eight that do not belong to Port Huron. Three men in a little village about 18 miles from Port Huron don't belong. I don't know of any reason why, because there are a couple of men in the same town that belong. They come down occasionally, and one man from Capac, about 30 miles, comes occasionally. I believe there are a couple of doctors there who belong. I can say at this time that when Mr. Smith visits our county I will be glad to spend a day and go with him and visit these men and see what can be done. I don't know of any reason why possibly six or seven of these men couldn't be gotten into the society.

Dr. Warnshuis: Do you feel, gentlemen, if we send to you as Secretaries a letter asking for the list of names of men in your county who are not members but are eligible, that if we should address to them from the state office a letter inviting their interest in your County Society and telling them why they should become a member, that that would be an effective manner in which to attack this problem of securing these other men?

Question: How will we know they are eligible?

Dr. Warnshuis: You will know pretty well. Somebody knows John Jones, you know in a measure what type of a man he is and how long he has been there and whether he will be an eligible man.

Question: You mean the men that we think—

Dr. Warnshuis: That you think are eligible.

Dr. Warnshuis: I do feel that that would be a desirable way for your state office to aid you in securing these non-members who are eligible in your county.

Dr. Van Leuven, of Petoskey: I think that that would help my situation a whole lot. I think that if they can be gotten to see the light we can clear the atmosphere. It might be if a letter written to them telling them the advantages of joining the State Society that that will do some good.

Mr. Smith: I took a little time the other day to get some data together. For instance, I took 60 towns and cities of Michigan, cities all at least having 1,500 population or less. The average age of these doctors was 53 as recorded in the 1923 directory. Then I went down to a number of counties, Antrim, Emmet, Charlevoix, Barry, Berrien, Branch and Calhoun counties and found 198

doctors who were not members. In those counties I had the opinion as has been expressed today, that the members, the doctors who were not members would be of a very high age compared to those who were members. This is what I found. I thought I was not right so I checked my figures again. The age of those who were not members 51.2 against 53, the average age of those 60 towns, which is a rather interesting thing. I noticed as I went through that there were a great number of men, quite a number, some of them 29, 28, I think, was the lowest, who were not members of the County or State Society. So it looks to me as if we have a good job ahead here in getting in at least all the young men, it seems to me that practically all of those that are not members are really young men.

Dr. Warnshuis: The main thing in regard to this membership, new and delinquent, is that we will send to you in the course of the next month, a letter giving a list of the medical men in your county who are eligible for membership, or who have become delinquent this past year. We are going to try and write them a nice letter that is going to encourage them to re-affiliate themselves. We have an application blank, a standard one, which we will enclose. Then we are going to ask you, after we have written that letter, to do a little personal follow-up work and see if we can't get in these some 600 men who should belong.

The next step on the round table of this discussion is Committee Work, Methods.

Dr. Kudner: Mr. Chairman, I had a man the other day applied for membership in our County Society, who is a graduate physician as an M. D., but is now practicing Osteopathy.

Dr. Warnshuis: The only answer I can make to that is that you, as a County Society, are the judge. However, the application blank that he signs states in that that he is a graduate of a reputable College of Medicine, licensed to practice under the laws of the state of Michigan, and that he will not practice sectarian methods. I don't think that man can very well come in unless he will agree to sign that application.

Dr. Clancy: Where are you going to draw the line?

Dr. Warnshuis: There is nobody today that is a real alleopath, any more than there is a homeopath. We are known as "regulars," or doctors. The next topic is Committee Work —Methods. Smith, will you just say what we have thought on that subject?

Mr. Smith: In this field we are hoping to get more of the committees organized and worked out so that the problem will go along on a committee basis, the committee on County Societies to carry on their various activities that you have already discussed and worked on today. The job as I have seen it coming through these various societies, is just simply one of burdening the County Secretary. He seems to assume the responsibility in most cases and it just buries him under. He doesn't get the various members of the Society at work, and the key note of any Society is to get everybody working. The committee basis is the one, of course, that gets everybody on the job. If you haven't the work for him, find some work for him to do, put him on a committee and make him work. There has got to be something done by everyone of these committees. The membership committee is a very important and mighty useful one because it is the one to canvass your membership and to see your delinquent members, and get your dues in on time, increase your membership, that is a vital thing, rather than, for instance, that we may have to drop out four or five hundred. It would be much better for that committee, everyone to be on the job, to get everyone in on time, nobody dropping out, then we will have a harmonious Society throughout the state. That is the membership committee's job. It is difficult for us from the headquarters to get in contact with every committee. Of course, when we do go out to visit these Societies, it will be our job to help brush up these committees through the secretaries.

Another thing I had in my mind on the program committees was getting these committees organized and then giving them a job to work out their program from an organized, systematic point of view.

We also will divide up your membership on that committee, may divide the membership into two parts, three, four or five, as it finds advisable for the carrying on of these constructive programs. Your social committees develop social relationships between your Society and the various other societies in your community. I suppose there is no single committee that you are going to appoint in your Societies during the next few years that is going to be of more aid to the Secretary than that community committee. It is the newest job and it is the most difficult job, and yet the most careful job. No one from the outside can come in and tell your community exactly what to do. Another thing, the one that Dr. Warnshuis brought up and you discussed, is this physical examination. Publicity, also, is an important activity. We will get to that a little bit later.

Dr. Warnshuis: Is there any member here that wants to know anything about committees, or have anything they wanted to state about work they are doing in their own county, that is going to be helpful, or aid us in putting this thought before the entire state.

It all resolves itself down into the question of securing the right committee, appointing them and becoming responsible for their activity, and you acting as the prodder that is going to make that committee work. I don't know of any one thing besides doing that that

is going to accomplish committee results. Then you must arrange a definite time in your program for the hearing and discussion of that committee report. Often the report is received and you are so anxious to get on with what else you have on for your meeting, that the report appears as a matter of record.

Dr. Warnshuis: Does anybody want to say anything on the subject of Attendance and Methods of Securing? It has been covered partly and fairly well in some of the things that the speakers have said before. The only way to secure attendance is to stimulate and arouse interest and to centralize upon activities.

Dr. Jackson, of Kalamazoo: I just want to say a word about the suggestion that Dr. French made about the use of telephone. Many men get the program and then they don't read the date or they don't pay any special attention. If an officer could call up some men on the telephone it sometimes helps a lot.

Mr. Smith: I just want to emphasize Dr. French's method of getting out his announcements. I don't want to belittle what anybody else is doing in the way of announcements. I know this and everybody knows it, if you get a good snappy announcement in your hands you are pretty liable to read it. The same announcement coming in every time loses interest. I don't know how Dr. French has worked the thing out. I notice everyone of his cards that comes into the office has something a little bit different on it. It is snappy, peppy, and that is, of course, one of the big things in bringing out a good crowd. Develop a curiosity in the mind of the doctor as to what is this thing that is going to happen. Each time it is a little bit different than the one before. They develop that curiosity and they keep on going. I think Dr. French proved that by getting his big attendance.

Dr. Warnshuis: I am going to skip one subject and take up this subject of automobile emblems. You may wonder why that was put on for this discussion now. We have had, from time to time, from different parts of the state, suggestions and requests that the state organization adopt some kind of an insignia that can be put upon the doctors' automobiles. I personally am not sold either one way or the other upon the subject. The American Medical Association have just recently adopted a new emblem. Is it going to be of any value to your members; is it going to be of any value to the profession, to the public, if you carry on your automobile an emblem which becomes and is known as an insignia of the medical profession?

Dr. Kudner will discuss that.

Dr. Kudner: I think the reason that most of us object to the old emblem was that nobody knew what it meant, and I think if they are to derive any benefit from these things, that the ordinary Irish cop ought to know that that is the insignia of a doctor. Most of them do not. Personally I would like to see the American Medical Association adopt a new emblem with some kind of a cross on it or some such thing that we could all use and would be a standard emblem we could all use. I think they do help in the cities, they help a whole lot because many times I have looked in the mirror and found a traffic policeman following me; as soon as he could get up close enough to see the emblem he would turn around and go back.

Question: What kind of an emblem is that? (Laughter.)

Dr. Kudner: In Jackson county we just have a little cross, made down in the prison. We give those away with each membership. Most of the doctors have them on their cars and it does help a whole lot in parking and stepping over the speed limit a little bit. I am in favor of them, but I do think they ought to be standardized some way.

Dr. Warnshuis: Dr. Kudner, the American Medical Association has adopted a new emblem. The other one, unfortunately, was never copyrighted; some commercial firm took it over and started competition. The new emblem has a cross on it as well as an "M. D." It can be put on the front of the radiator, as well as on the rear alongside of your license number. Furthermore, that emblem is numbered. That emblem will be registered in your name. I know Mr. Braun, who is in charge of that work at the A. M. A., will very gladly, although I haven't talked to him, let us have that emblem and I think it can be so devised that we can put on "M. S. M. S."—Michigan State Medical Society. Do you men feel that that would be a good thing?

Dr. Curry: It worked out very nice in Flint. We have used the Red Cross for three or four years and we have local registration. Our crosses are about four inches square, they are placed over the license plate in the front. We received 130 of them, and we simply registered the men of our own Society. It would help a good deal to be able to park in 15 minutes limit space.

The men in our district almost universally are using the caduceus. The chiropractors up there have put on their cars the white cross, consequently the caduceus distinguishes you from a chiropractor.

Dr. Warnshuis: Would it be well for us to try to enter into some such arrangement and adopt a state emblem which would become known in Detroit, Flint and Jackson, as well as up in the third "Anesthetic district territory?" Do you feel that that would be a good thing?

Question: Would that necessitate changing the present system where it is already in use?

Dr. Curry: I think we could induce them to switch.

Dr. Warnshuis: We will take a referendum on that and then see what the expression is and be governed accordingly.

Publicity. Dr. Jackson told you what the Joint Committee on Public Health Education was doing in the way of public lectures. A week ago Dr. Jackson was appointed as chairman of the special committee of that Joint Committee to consider the problem of newspaper publicity. Dr. Jackson, do you want to say anything further on publicity from the standpoint of our organization?

Dr. Jackson: I don't think I have anything further to say at the present time, except that I think that the general problem of publicity through the press deserves our attention. I haven't any solution of the problem at the present time. I think that there is a great field for discussion of information on medical matters, through the press, and that you all as County Secretaries should consider this and offer constructive suggestion to your committee.

Dr. Kudner, of Jackson: Why wouldn't it be a good thing to have a source of these articles, That is what this committee was appointed for. We could give to the papers from time to time. somebody that would give us these articles that I think it would be a very good thing if we could get these articles.

Dr. Warnshuis: Jackson County, Ingham county and one or two others, have written in during the past year asking advice regarding the County Society engaging in a campaign of newspaper publicity, or paid advertisements. That is a subject which entails a lot of thought. There are a lot of important matters connected and associated with it, one cannot very readily give a definite answer or advice to the County Society, and I have been somewhat evasive in the answers that I have made to their inquiries. Something like two years ago the state of Texas, through their State Medical Society, spent several thousand dollars in newspaper publicity and paid advertisements. The money has gone and nobody can say what is the result, because it is not like as if you had a bottle of hair tonic you were advertising to sell; the sales from your advertising indicates the success of your advertising campaign. It is what you might call good-will or public education advertising. You cannot say at the end of any given period, our results have been so and so, whether it has done good or whether it has accomplished anything at all or whether it has been money wasted. Even the men of Texas decline to make any appraisal in regard to the matter.

I personally am inclined to think that paid advertising, except as now and then you may want to buy the good-will of the editor of your paper, is of little value, and I think that if you work the problem rightly, that you can get advertising through the news section of your paper without any expenditure.

Now, the question as Dr. Kudner says, who is going to write these articles, who is going to censor them. In the first place, no newspaper will publish such an article unless there is some authority upon which it is based. The moment you print in the Jackson paper that Kudner says so and so, the other 159 members in Jackson county will say Kudner is just blowing himself up before the galleries and immediately there is a jealous spirit. That can be gotten around, I think, in a measure, if we establish, through your County Societies, a publicity committee, that did censor these articles and did select them and did secure their publication, by having it vouched for and authorized to your local editor as coming from the Jackson County or some other County Medical Society. Of course, there is the objection again that newspaper men will bring that they don't care what you as a group say, they want the individual or the personal element. I think that can be overcome when we are as we are now bringing before the public what organized County Societies stand for and are attempting to do, as authoritative source for these articles.

The suggestion was made a week ago, or will be taken up by the Executive Committee of the Council at its next meeting in May, that we secure articles or a group of articles and pick out the right type of articles that apply to Michigan and send them to you men and have you put them into your local papers. Is that going to work?

Answer: That will be all right.

Dr. Warnshuis: Isn't that the type of publicity we want? Putting it under the authority of the Tri-County, Kent County, Wayne County, Saginaw, or whatever County Society that covers that territory.

Question: Would that be as coming from the Gorgas Memorial?

Dr. Warnshuis: No, it will be as coming from your County Medical Society.

On the other hand, what has the American Medical Association done? It has the magazine, Hygeia. It is a very expensive proposition, this extension work. To put that magazine over is an expensive thing. They have lost this last year many thousand dollars. Not lost, have expended over and above receipts something over $30,000 on Hygeia.

Dr. Clancy: I would like to know just what you mean by publicity; is it just publicity or public health education, does that cover the subject?

Dr. Warnshuis: The plan that I conceive—I don't know as I can give you all the light—I conceive medical publicity to be of an educational type; to convey to the public that there is such a thing as a germ and that germs produce disease; to convey to the public the means and measures by which an individual is afflicted or become afflicted with tuberculosis; and the means and measures that have been under modern scientific investigation and experience, to be the curative one. Also to convey to them the foolishness of trying to palpate or manipulate any vertebrae or rub on any kind of medicine in the form of a liniment and buying any electric pad or belt, or taking any sort of concoction that somebody may have gotten up, that is not effective. To acquaint them with the truths in medicine, as to the cause, the course and the means that are proving available for the treatment and relief of physical ailments.

Dr. Clancy: Isn't that pretty much covered in your public health course, educational course?

Dr. Warnshuis: To a certain extent, yes, the point is this, Dr. Clancy, that all the people don't get to those meetings.

Dr. Warnshuis: Especially on the cold winter night when they take either the metropolitan or rural paper, and they sit and read it from the upper right hand volume number and issue number to the last advertisement. You are going to get information across to newspaper readers that you wouldn't get to them by any other means.

Question: Does that apply to salt?

Dr. Warnshuis: Iodized salt, the same way.

Dr. Clancy: Isn't there the danger of bringing us in the minds of the public into competition directly with the cults because they advertise, and we come into the field telling just what we have and that they must not do these things. That ours is the only genuine time in the well and labeled course of procedure?

Dr. Warnshuis: How are you going to get the knowledge to them otherwise?

Dr. Clancy: I am simply asking questions.

Dr. Warnshuis: In the first place, if you attack any patent medicine or chiropractic through any publicity information which you may furnish the press, the press won't print it because that is the way they make a living, carrying advertisements.

Dr. Clancy: That is what I understood by it.

Dr. Warnshuis: We are going to give the public credit for some intelligence, and after having been proven that these scientific methods are going to give them the best results, and say nothing about the cult or the drugs at all, if we can get that education to them they will draw their own information that these other things are valueless.

Dr. Clancy: If the public comes to understand, and I think it does not quite understand at present, that that work which is being done by the regular profession represents the latest scientific thought and all that has led up from the past to the present in the care of the individual, the human being, just through the results and the fact that it is based upon something definite, scientific; if we get that to them I think the public may very properly be left to make their own selection. I do not feel that we ought to engage in anything that is in any sense dictatorial. Leave it to them, and if the public becomes convinced that the regular medical profession is made up of educated people, men who are educated in that work, the most highly educated, the most perfected methods, leaving them to judge whether those methods are the most perfected or not, but based upon the great principles of education, I think that we will regain some of the confidence of the public. I don't like this idea of coming into competition with others engaged in the care of the sick.

Mr. Smith: This question of publicity of course is probably as important as anything we can discuss. As a layman, it seems to me that the Societies are missing a wonderful opportunity in reporting their own activities. You may get into your meeting that so and so was there, it was well attended. That is not what the public is especially interested in knowing. It is what you state and what the speakers state regarding the medical profession that the community wants to know, that is, the community is educating itself and raising itself to higher levels. You naturally must drop into your news item the thing that will lead the public to know the thing it wants to know. The same thing is true of your various hospitals distributed throughout your county. They contribute money to them, you don't inform them what is going on in those hospitals. Just that information in itself is a wonderful contribution to the Medical Society.

Dr. Clancy: And it is a contribution to the public at large as well at the same time?

Mr. Smith: Exactly. It is the news of every local community that the people want to read about.

Mr. Smith: I would like to know, for instance, supposing here during the past year, important facts have been brought out on insulin or methods of treating disease, I don't know your diseases, but take the things about tuberculosis that have been done for ten years. The public would like to know, feeling that it is as safe in Michigan as it is in other parts of the country. You don't have to go through all the details, but it likes to know it is being done.

Dr. Clancy: Mr. Smith, from a layman's standpoint, what proportion of the people in this country understand that the tuberculosis patient can be as well cared for in Michigan as elsewhere?

Mr. Smith: I don't know.

Dr. Clancy: I know, but what does the public understand, the public in general. You can meet lots of people, everyone of you, I believe, I know it has been my experience, hold back in their mind the idea that those cases go some place else to be treated. I don't know whether that is within your experience, I know it is within mine.

Mr. Smith: That is true.

Dr. Clancy: If the people could be brought to a realization that in Michigan the tubercular patient will recover, with as good a chance as elsewhere, and that is a contribution from the medical profession, made possible through the work of the

medical profession, it ought to elevate and increase the confidence of the people in the work of the medical profession.

Mr. Smith: I think the fact for instance saying there were so many fractures and they were set up in a certain hospital, is information that people like to know.

Dr. Jackson: I think Mr. Smith has touched on something which we might consider. He certainly has a different slant on it than we have. For instance, that if some doctor comes to your local Society and talks about insulin, he tells you about the use of insulin; the public know there is such a thing as insulin, many of them don't know what it is, don't know how it is used or what it does. The public want to know. Mr. Smith is quite right about it. I think if you had somebody come to your Society and talk to you about insulin, an extract and resume of what that doctor has told you, perhaps some elementary things, that you knew before, that the public would be interested in it. The public would be interested in knowing what Dr. —— is doing in his laboratory in Ann Arbor. I believe Mr. Smith has hit the nail on the head.

Dr. French: I think that if we would publish not too scientific a resume of the talks that are given, it would do away with a lot of this humbuggery that goes on that the doctors practice, for example, a case was brought to my attention at Lansing of a doctor who was treating his diabetics by giving them medicine every Saturday night.

Dr. Clancy: Whenever they took a bath.

Dr. Ricker: Mr. President, a Grand Rapids paper has been running articles the last year with different things in it, among one of those was chlorine. A Grand Rapids paper explained chlorine. People commenced coming into your office asking for it. They are doing the same thing on physio-therapy, and helio-therapy. Dr. Randall, at Flint, gave forth an expression there which I think we should profit by, that is, that all of these things are the things that belong to the medical profession, and the cults are going ahead and using them. If we as surgeons, or internes, eye, ear, nose and throat men, are in a position to do that work ourselves, otherwise see that there is somebody in our office that can do it, because the newspaper publicity along these lines is getting pretty strong, and people are coming and asking for it. We as medical men should supply it.

I think those articles running in the Herald are doing a lot of good.

Dr. Warnshuis: That gives you men a thought then along the line of publicity, what we are thinking of as a state proposition, and something which you can employ as a local proposition. I think Mr. Smith and Dr. Jackson and the rest who gave expressions to their opinion, are right; with that knowledge then the whole channel of society would be changed, I am convinced of that.

That, Mr. President, as far as I am concerned, concludes our program. While the time is not late, if there are other things, I am sure that you will see that they are brought up for discussion.

They do want to know what John Jones talked to you about at the last meeting. It is going to be a fairly simple thing for you as a Secretary or for somebody as a reporter, if you so wish to appoint him, to give a resume, they want to know about the scarlet fever, this so-called preventive inoculation, you can give that to them, that is valuable information and educational information for the public. That is placing before them enlightenment as to the fund of knowledge that we have, that is available for them. If the public as a whole could avail themselves and would avail themselves of that fund of information.

Mr. Smith: In order that I can get more quickly adjusted to the meeting, the various County Societies, and know when the meetings are, and also to get a little information, I have prepared this report blank which I might send to every Secretary. Those of you who are here today might just as well have them now. I feel that this is quite an important thing to bring together information. (Reads from the blank). That is not a whole lot, yet you will notice that every bit of that is very important information when we bring it together for the whole state, for we get something that will be very, very valuable.

Dr. Clancy: Mr. Smith, these are expected to be considered as annual reports?

Mr. Smith: No, just an intermediate report of what has been done since the first of January.

Dr. Clancy: For the future.

Mr. Smith: We will get up something different.

Dr. Clancy: Is there some other business gentlemen, before you adjourn; something else you would like to bring up at this meeting. We have a few minutes that we may give to some other matters if you desire to bring them up.

Dr. Kudner: I think it would be a good thing to hold these meetings twice a year, one at the time of the State Society meeting and one in between.

Dr. Jackson: Mr. Chairman, I am very much interested in that remark, I would like to know how you men feel about it. We have tried as a State Society, we did try as a State Society for a number of years to have a dinner meeting during the session of the State Society, and it was never a success, we had about a half a dozen fellows there. How many of you men who are here today would like a dinner meeting at the next meeting of the State Society? We might take a referendum on it.

Dr. Clancy: Is there anything further, gentlemen? If not, a motion to adjourn—

Dr. Warnshuis: I move we adjourn, Mr. President. (Supported.)

Dr. Clancy: Moved and supported that the committee adjourn. All in favor say aye.

Aye.

(Meeting adjourned at 5 p. m.)

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Report Malpractice Threats Immediately to Doctor F. B. Tibbals, 1212 Kresge Building, Detroit, Michigan.

Editorials

COUNTY SECRETARIES' CONFERENCE

Elsewhere in this issue there will be found the official report and transcript of the discussions of the County Secretaries' Conference that was held in Grand Rapids on April 22nd. We want not only every County Secretary to read this report, but we also want every member to do likewise. This Conference had for its primal purpose the discussion of plans and ways whereby our state organization might be more effective and contribute in a larger degree to the advancement of the interests of each member. The session lasted from 10 o'clock in the morning until almost 5 o'clock in the afternoon. The earnestness and eagerness of these County Secretaries was most inspiring. It was ever apparent that they were thinking and seeking the better things so as to more effectively increase the purposes and functions of each County Society. They contributed their time and loss of professional work to organized medicine and for each doctor in Michigan.

It is by reason of such loyalty and the quest of what is best on the part of your secretary that slowly, but surely, our Society is commendably acquitting itself of its responsibilities, not only to the membership, but also to the public. Many of our members give little thought or recognition to the contribution that is made by their local secretary. Scant appreciation is frequently shown for the efforts your secretary makes and by reason of which you, doctor, benefit and profit. Your secretary is your most important officer. Your secretary is the directing power of your Society. Your secretary labors and plans for you. Little thanks are his, sometimes a small honorarium, but more often "kicks and cussing."

This should not be so. You, doctor, for one, should start now to bring about in your own County Society a more manifest spirit of willingness to aid your secretary. Help him plan your programs, get on committees that will take over the activities that your Society should carry on and see that your committees work. Pay your dues promptly so that your secretary will not have to assume the role of collector. During the meeting, make a synopsis of the papers and discussions and hand it to your secretary so that he may fully report your meetings as well as impart scientific information to your local people through your local paper. Assist your secretary in securing better meeting attendance by reminding your fellow-members of the next meeting and load some of them in your car and take them to the meeting. These are just a few things that you can do and if you will do them your secretary will be very appreciative and work the harder. Inspire him, reveal interest to him and aid him, for then you will witness a real live functioning Society in your County and one which will be of inestimable value to you.

We plead for a large staff of assistants for your County Secretary. But, first read the report of their last Conference.

ANNUAL MEETING — MUSKEGON — SEPT. 8, 9 AND 10

The first thing that we want to state and impress is that our coming annual meeting in Muskegon on September 8, 9 and 10 is going to be the biggest medical meeting ever held in Michigan. Biggest in number of attendance. Biggest in the array of speakers. Biggest in educational value. Biggest in interesting events. Biggest in fostering professional fellowship and society achievements.

We admit that we have consumed a number of "Biggest," but that is the only way we can give expression as to what is really coming off. We are not indulging in "propaganda," "bunk," "dreams," "optimism" or over enthusiasm. We are handing out truths and facts, and we are going to substantiate them. Read on and find out why the Muskegon meeting is going to be our biggest meeting and why you should not miss it.

There is going to be a radical change in our program. *Section Meetings are going to be done away with.* The Scientific Committee has decided to prepare a program that will combine the meetings of all the sections.

The new State Armory in Muskegon, capable of seating 2,500 people, will be our meeting place. This central auditorium will be arranged in the form of an amphitheatre with a central platform, where all in attendance will be comfortably seated and can see and hear each speaker. There will be no reading of papers. In place of papers there will be thirty carefully selected clinical teachers and fluent speakers, five of whom are nominated by each section, who will have thirty minutes each in which to present to you the subject that has been assigned to them, and who will present their subject in clinical form with emphasis on practical application. The sessions will commence at 9:30 in the morning and run till noon and in the afternoon they will be conducted from 1:15 to 4 o'clock. There will be a new speaker and subject every half hour and each speaker will have a message of instruction and aid to every listener. These subjects and speakers will be announced in our next issue.

On Wednesday evening will occur our general meeting, at which time President Clancy will deliver his annual address. This will be followed by an address by an internationally known man. This evening meeting will be held in an auditorium that is central and which will permit inviting of part of the people of Muskegon.

The House of Delegates will hold their meetings in the convention hall in the Occidental hotel. The Section on Eye, Ear, Nose and Throat, Pediatrics and Public Health are planning additional meetings commencing at 4 p. m. Wednesday and ending with a 6 o'clock Section dinner.

The profession of Muskegon are planning and will provide suitable entertainment. They purpose revealing some real hospitality.

The Occidental hotel will be headquarters and has accommodations that are modern for 600 guests. This hotel has been materially enlarged during the last year. The Muskegon hotel will accommodate 150 guests. Accommodations will also be available in the club dormitories of Muskegon and also in private homes. The question has been raised as to whether Muskegon could care for a large number of visitors. We have verified the assurance that accommodations up to 1,500 can be secured, for if need be, a lake passenger boat will be leased. Do not let the fear of inability to find accommodations deter you from attending. Muskegon will take care of you satisfactorily. We do urge, however, that you write now, early, for your reservations.

Muskegon is approachable by cement roads from all directions. There are two all-cement roads from Grand Rapids to Muskegon, and the West Michigan Pike is cement from the Indiana line and from Traverse City to Muskegon. Ample garage and parking facilities will be provided.

That is all we are going to say at this time. Watch for the program in future issues. Write for your reservations and mark the dates on your calendar, for you cannot afford to miss the biggest meeting of our State Society that is going to be pulled off in Muskegon on September 8th, 9th and 10th.

LEGISLATION

The legislature adjourned on May 2nd. This recent session closed without the enactment of any of the bills that were introduced for the purpose of giving recognition or special privileges to any of the several cults. The bill introduced to amend our present medical practice act so as to give exemption to the cults also failed to pass. These three bills never came to a hearing and died in the committee.

These results did not ensue because of inactivity of our Legislative Committee. There were two factors that influenced the result. First, your Legislative Committee and officers met early and planned a definite course of procedure. This plan was adhered to in strictest detail and the activities that were engaged in were carried out in a quiet and effective manner. Secondly, your Legislative Committee and officers were in constant and close touch with the Lansing situation. We were familiar with what was going on and kept contact with each new move or effort that was being made. There were times when quick action was imperative, but that action was characterized by a quiet, dignified intensity. This method won the respect of the members of the Senate and the House and favorable comments were often heard in regard to the manner in which we were seeking to establish our attitude and wishes. The lobbyists for the cults created just the opposite sentiment, and while they were aided and assisted by the Lieutenant-Governor, George Welsh, the members of the legislature expressed disapproval of their methods.

It is difficult to accord individual credit. There were a considerable number of our members who rendered splendid service and who are entitled to just recognition for the time devoted and the services that they contributed. Without their assistance the task would have been far more difficult. Our County Society officers and members also were of material assistance in the personal work they did with their local representatives and for the petitions and telegrams that they caused to be sent. It is impossible to record names or individual acts and do full justice.

From all the assistance received from groups and individuals we would be remiss did we not mention the names of Doctors Greene, Bohn and Upjohn. These fellow practitioners served in the legislature and were alert every minute. They exhibited their tact and influence. They interviewed members of both Senate and House. They furnished the committee with information that was convincing. They contributed valued suggestions as to proceedings. They were a power and a force that accomplished effective results. The people of Michigan owe them a debt of gratitude for the effort they made to safeguard the health and lives of the public. The profession is indebted to them for the service that they contributed. They served as ideal legislators and gave splendid account of themselves. They were true to their oaths of office. We are eager and glad to thus openly recognize their service and to thank them most sincerely.

Individual credit must also be given to Dr. Davy of Lansing, a member of our Legislative Committee, who assumed the burden of our committee's work. Dr. Davy was ever alert and indefatigable. He was in constant touch with the situation. He gave much of his time and sacrificed himself and his work upon numerous occasions. No one will ever know just how much he really did, for it is impossible to appraise as fully as he deserves the work that he accomplished. Our Society is under obligation to him and this recognition is tendered with our sincere thanks. We recognize that it is a wholly inadequate recompense, nevertheless, we assure Dr. Davy that he has rendered a distinct and valued service to the people of Michigan and to the profession.

So once again a Legislative Session has passed. The cults and quacks, who prey upon the public and seek to secure special privileges and immunity while they endeavor to reap blood-tainted shekels by trifling with human health and happiness, failed to obtain legislative recognition to protect them in their unscientific practices. Shall we be compelled two years hence to again engage in another legislative campaign? The answer rests with our members.

A definite course lies before us. If we pursue that course we are inclined to the opinion that Michigan will never grant recognition to cults and charlatans. That plan of work subdivides itself into three major divisions. First: It must be our purpose to induce and secure a number of our members to become candidates for the Legislature. We should have not less than three, and preferably six or ten doctors as members of the Senate and the House.

From different parts of the state, doctors must be induced and urged as well as be made to see that they have a duty to perform to represent the people in our legislative bodies. Definite arrangements should be made to select such representatives. Second: As individuals and as County Societies, greater concern must be evidenced in candidates coming up for election. They should be interviewed and enlightened as to the facts and problems that enter into health conservation and legislation and the man who is willing to trade human lives for political spoils should be defeated by effective pre-election measures. Third: As a State Society, working through our County Societies, it is our duty to cause the next two years to witness our imparting to the public information and facts regarding health, scientific modern medicine and the manner in which individuals can conserve their physical resources. Such a dignified activity will bring about a medical understanding on the part of the public so that pseudo-scientists and cult propagandists will become fully exposed.

We firmly believe that this is the course that should be pursued. We sincerely hope that such activity will be forthcoming. We are extremely urgent that the opportunity be not neglected. We perceive this to be one of the greatest duties that rests upon our profession. It should not be necessary that our society should be compelled every year to engage in a legislative campaign to reveal the evils and base motives of coteries seeking legislative recognition. Our members are urged to take up such an educational campaign during the next two years.

MUSKEGON HOTELS

Occidental Hotel, Western avenue at Third street. Accommodations for 650 people. Prices without bath, $2.00 to $3.50. With bath, $2.50 to $7.00. Dining room and cafeteria service extra.

Hotel Muskegon, Western, across from station. Accommodations for 125 people. Prices without bath, $1.50 to $2.00. With bath, $2.00 to $2.50. Dining room extra.

Country Club—(six double rooms)

At the Muskegon Country Club a limited number of doctors can be cared for in the club dormatory. The rooms are all double. There is a wonderful eighteen-hole course at the club, and arrangements can be made for its use during the meeting.

The club is situated about five miles from the Occidental, with excellent street car accommodations. Arrange for rooms in Country Club through Wm. M. LeFevre, M. D., Muskegon, Mich., Chairman of Hotel Committee.

THE MUSKEGON POST-GRADUATE CONFERENCE

The Ninth Post-Graduate Conference was held at Muskegon May 14, 1925. Forty-five physicians were present. They represented the Oceana, the Newaygo, the Mecosta and the Muskegon County Medical Societies which compose the eleventh Councilor District and the Ottawa County Society of the Fifth Councilor District.

The important features of the Conference were a joint luncheon with the Rotary Club of Muskegon at noon, a dinner at night, the scientific program during the forenoon and afternoon and a meeting for the public arranged by the Parent-Teachers' Association of the city. At the luncheon an excellent musical program was given by local talent of Muskegon and W. D. Henderson, Ph. D., Director of Extension of the University of Michigan, discussed the subject, "Science Steps Out, Education Steps In." Dr. Henderson pointed to the fact that the body was a physical machine and what he was interested in was to have the body in the highest state of health possible for in such a condition it could fulfill the function intended for each body.

At the dinner in the evening several short talks were given. Doctor Frank W. Garber, one of the oldest practitioners of Muskegon, reviewed his experiences and stated, "That it had been very difficult to continue the practice and keep up to date. He appreciated the Medical Society for it was a means of getting information. The Post-Graduate Conference was one of the best means that had been tried to bring information to the busy practitioner. All physicians should take advantage of such conferences."

Dr. P. H. Wilson in his remarks stated, "that medical meetings stimulated a desire to do better work. The Post-Graduate Conference was one of the best means of bringing about such a result. The speakers verified their own knowledge and brought new contributions so that every physician gained something that benefited him in his profession."

Dr. W. T. Dodge, former president of the Michigan State Medical Society said, "This has been an excellent conference. I cannot understand why every physician did not come. No one can afford to miss such scientific meetings as these." Doctor F. C. Warnshuis for the Michigan State Society said, "That it was the duty of every physician to help advance his own science, but more than that it was also the duty of each to teach and inform the public as to what scientific medicine meant and what was its actual relation to the health of the public."

Doctor W. D. Henderson in his remarks to the doctors present, talked on the subject, "What Do I Think of the Doctor." "To spread the gospel of good health is the duty and privilege of every physician. Everybody, every boy or girl has a right to have a strong, healthy body in this day of science and it is part of the job of each physician to see that understanding is brought about relative to the workings of the physical body. The Joint Committee of Health is doing excellent work in giving information. Thirty-three per cent more meetings have been held this year than last. More physicians are needed in this work to supply the demand. We need men from here to go into nearby communities to give information."

In the evening at the public meeting made up largely of members of Parent-Teachers' Associations Dr. Henderson again said, "that every boy or girl has a right to a strong body in this day of science and in addition that all organizations and civic bodies have, as a part of their duty, the accomplishment of this fact."

The scientific program attended by the forty doctors was as follows:

10:15 a. m.—Remarks. George LeFevre, M. D., Chairman; Harvey George Smith, Executive Secretary.

10:30 a. m.—"Essential Fundamentals of Physical Examinations," Elmer L. Eggleston, M. D., Battle Creek.

11:00 a. m.—"Modern Obstetrics," H. S. Collisi, M. D., Grand Rapids.

11:30 a. m.—"Interpretation of Physical Examinations of the Heart," M. A. Mortenson, M. D., Battle Creek.

12:15 p. m.—Luncheon.

1:30 p. m.—"Fundamentals of Neurological Examinations," C. D. Camp, M. D., Ann Arbor.

2:00 p. m.—"Diabetes—Coma—Insulin," Wm. LeFevre, M. D., Muskegon.

2:30 p. m.—"Mentality Tests," C. D. Camp, M. D., Ann Arbor.

3:15 p. m.—"Diagnosis of Gastric and Duodenal Ulcer," Elmer L. Eggleston, M. D., Battle Creek.

4:00 p. m.—"Hypertension," M. A. Mortenson, M. D., Battle Creek.

4:30 p. m.—"Fractures," F. C. Warnshuis, M. D., Grand Rapids.

Intermission.

6:00 p. m.—Dinner—Two short talks.

PUBLIC MEETING

8:00 p. m.—"Science Steps Out."W. B. Henderson, Ph. D. Ann Arbor.

The ninth Post-Graduate Conference has brought more proof to the fact that the Post-Graduate Conferences that are conducted by the State Society in co-operation with Councilor Districts and County Societies are what the members of these Societies desire.

On request of the superintendent of schools, Dr. Henderson talked to seven hundred boys and girls of the high school. His theme was, "The Will to Do."

MEDICAL SOCIETY BENEFITS

The benefits of organizational activity in all fields of human endeavor have come to be regarded as accepted facts and the observant world seldom takes issue with the pronouncement. Probably, the application of the term organization has grown trite because of the frequency of its use in the every day affairs of civilization.

A glance at the history made—and in the making—in the spheres of finance, commerce and industry offer indubitable proof of the values inherent in intelligent organization. And if intelligence is the measure by which success may be computed, it would seem that the medical profession ought to have been among the first to adopt and develop organizational principles, since its members may lay claim to this attribute, and besides the need for co-operation has ever been apparent.

But, the medical mind appears to have been so engrossed in the problems of suffering humanity, that matters apart from service to the sick have been excluded from consideration, particularly any thought of self interest.

Hence, at the present even, when scientific medicine in all that the term implies has become an established fact, the profession at large is giving scant attention to the protection of its honorable record, by telling the world what it has done and is doing in behalf of humanity.

Medical Societies have been known for a long period of time, and they have splendidly served in the maintenance of a high plane of ethical observance, but their exclusive attitude held so dear by members, has not permitted the public approach necessary to a full understanding of their ideals and purposes.

Again, the fetish of mysticism attaching to earlier medicine in the lay mind, has clung tenaciously through the ages down to the advent of rational and scientific practice of the art.

It is only a recent event in history, that something notable has been done in the way of carrying to the public mind definite knowledge of things medical, such as the known causes of disease, prevention and treatment based on scientific studies, with resultant application of facts. Splendid work is being carried forward at this time for the purpose of bringing home forcefully to the public mind, the knowledge that the physician of today possesses a scientific education, which enables him to successfully care for human ills.

Besides, the efforts of the Joint Committee on Public Health Education, there has been instituted by the State Medical Society a program of Medical Conferences throughout the state, in order that Post-Graduate opportunities may be easily had and within the reach of all physicians interested in progressive medicine.

Having briefly outlined some of the things in process of accomplishment for the benefit of the people and the profession, let us consider the best means of securing these most desirable results.

Obviously, the physicians as a whole must join enthusiastically in this project, with the fixed purpose in mind of carrying it through to a successful issue. And the best proof of interest in the movement for the betterment of medical conditions in Michigan will be found in having every eligible physician enrolled as a member of his County Medical Society. It would seem that this can be brought about if the present membership will cheerfully aid the State Medical Society in securing a hundred per cent enrollment.

Michigan has something like five thousand physicians and with co-operation among them there can be no doubt of their ability to dispose of, for all time, any adverse legislation. The complete organization of the physicians, molded into a group having faith in harmony and co-operation, will assure protection to the people of the state against the dangers to Public Health, so much in evidence at the present time.

A divided medical sentiment leads to the impairment of the work of the profession and brings in its wake a potential loss to the commonwealth.

Primarily in this situation, the greater loss is borne by the unsuspecting public, while the profession follows with a narrowed prestige in the good will and confidence of their clientele.

Already we have made a good beginning; by increasing our efforts in behalf of Public Health Support and Service; by active participation in Public Health Education; by establishing and carrying on County Medical Conferences; by encouraging and aiding County Society programs and meetings; by enlarging The Journal and putting an Executive Secretary in the filed, and by inaugurating this cam-

pain for an increased membership of the State Medical Society.

Let every physician, not now a member, join the ranks, every member become active in his support of the program briefly outlined, and the progress and betterment of medicine in Michigan will bring saitsfaction to you, in the consciousness of having performed a worthy duty.

May I bespeak for your officers, both State and County, a renewal of confidence and loyalty toward the medical profession, the legatees of that ancient and learned body, in which our greatest pride must rest.

C. C. Clancy

FRACTURES

Fractures are the same today as they were ten, twenty or thirty years ago. They are the same "break of a bone," and present the same four physical diagnostic signs. Progressiveness of life has produced an increasing number of certain types of fractures, as witnessed by the "Auto Colles Fracture" and an increased number of skull fractures sustained on our busy highways. Another predominating factor is the seemingly small amount of outward force required to produce a fracture. On numerous occasions it has been noted that a fracture existed when external evidence and source of force would seemingly exclude the presence of a fracture.

Possibly because fractures are more or less common is the reason that we at times assume an indifferent and sometimes a careless attitude toward these injuries. We fail to make a careful examination, we neglect the use of the X-ray, or, we are careless in securing and maintaining reduction. This creates bad results, deformities and suits for damages loom up with average regularity.

Consequently, we are constrained to once more impart the following pertinent points:

1. In every injury, make a careful examination.
2. Use the X-ray and corroborate the presence or absence of a fracture.
3. If a fracture exists, obtain complete reduction.
4. A general anesthetic is required to secure proper reduction.
5. Immobilize with proper splints.
6. Examine frequently to assure continued reduction.
7. Institute early passive motion and muscle massage to prevent ankylosis and contractural deformities.
8. See the person frequently and fortify yourself with consultants in the more serious fractures.
9. Take and explain the injury and attending difficulties to your patient.
10. Have several X-rays made during course of treatment and on discharge for your record and protection.

Your services, characterized by attention to these details, will accomplish better end results.

SOCIETY REPORTS

The reports of the County Secretaries of twelve Societies recorded in the May number of The Journal show the extensive field of the Societies and how each one is meeting the problems in its own county. The dominant activity of each Society has been scientific. Local speakers and outside speakers have been on the programs. Physician members who have been to the Mayo Clinic for study and those who have traveled and studied in Europe and the Canal Zone recorded their activities and their study in the meetings of the societies. A visiting physician from China told of his interesting experiences in that country. He described the methods of the Chinese doctor in treating his patient. His remarks indicated that he did most of his healing by being absent from the case. In one county report a meteorologist discussed the relation of temperature to patients and more especially in operating rooms. While we have thought of temperature being a weather factor directly affecting the farmer, the pleasure seeker, or automobile and baseball fan, attention is here directed to a condition that may directly affect the recovery of the patient.

Socially, we find that one society in co-operation with the dental men and the pharmacists gave a dance which was a success. Another Society discussed plans for extending the use of toxin-antitoxin in the prevention of diphtheria. Here we have real community activity. In the notes of another report we find one Society giving over a whole luncheon meeting to the discussion of publicity for the science of medicine. Another Society shows how it has been alert to critical legislative problems and at the same time took measures to safeguard the public from serious conditions. Several reports show that the problem of dues has been one of considerable importance. We hope that the Secretary has not been abused because he has been trying to fulfill his duties. In asking or reminding members to pay their dues the Secretary is only helping the physician, keeping him from being delinquent, thus loosing his medico-legal protection, his Journal and all privileges of organized medicine in Michigan and the United States.

The County Society reports are the personal records of Society activities. They bring in-

formation to every Secretary and to every member of what is being done by the organized Societies throughout the state. Every one should read these records for the purpose of securing ideas and methods for making his own Society more useful to himself, his fellowman and to the science of medicine.

The Journal is pleased to receive reports from a large number of Societies. There are more pages available for those who have been silent. Your records are always welcome in the columns of The Journal and your neighbor Society wants to know what you are accomplishing. H. G. S.

OPIUM

According to the estimate announced by the League of Nations, the world production of opium is 3,500 tons. The world requirements for medical and scientific purposes was estimated at 250 tons of opium. To restrict the over production of opium and thus to combat the opium habit that is so palpable, a conference was called in Geneva in November, 1912. Ministers and representatives from 48 nations and states convened. The conference was in session until the holidays without reaching any agreement or determining policies. The second conference convened in the same place on November 11, 1924 and adjourned February 19th, 1925. The American delegation withdrew from the conference on February 6th, 1925.

Over seventy sessions were held and each nation represented presented their national attitude and desires. America, through its delegates, advanced the following proposals:

1. Limitation of raw opium and cocoa leaf production to medical and scientific needs.

2. Complete suppression of the traffic in smoking opium within ten years by means of a ten per cent reduction of imports each year for ten years.

3. The creation of a permanent control board, with which each signatory to the Convention agrees to deposit in advance estimates of all narcotics required during the year. The proposed board was invested with the authority to question estimates, and the power to recommend prohibition of further export.

4. Universal adoption of an import certificate or license certificate to control the traffic in raw opium and manufactured drugs.

This American proposal received much attention and discussion. Some of the principles were partly acceptable while others and their attending conditions were objected to by a number of the delegates. Objection was particularly expressed by India, Persia, Turkey and Jugo-Slavia. These objections were not acceptable to the American delegation.

After the withdrawal of the American delegation the conference continued until February 19th and the agreements arrived at during the discussions were drawn up in the form of a convention, a protocol and a final act.

The convention contains thirty-nine articles, strengthens the provisions of The Hague Convention of 1912 by a number of measures for effective restriction of the production or manufacture of narcotics and establishing a closer control and supervision of international trade.

The protocol deals with the restriction of the growing poppy.

The final act deals with acceptance by each government and with suggestions as to future conferences.

The foregoing summarizes all too briefly, the results of the opium conference. Those desiring to learn the full details are referred to the official minutes. We have advanced this incomplete summarization for the sole purpose of pointing out several pending eventualities that are rapidly confronting us as a nation, as physicians and as a profession.

The first is that it may be confidently expected that within a very few years there will be enacted in this country a very drastic law that will deal with the importation and use of opium in all its forms. These restrictions will affect the profession of medicine. Right now there exists one recently formed lay organization that is gathering information and formulating statistics so as to present a bill upon the subject to the next session of congress. The profession of the country, thus far, has not been consulted and its national organization is not invited to participate in the study and the formulation of concrete recommendations. Unless we are alert, we will wake up some morning and find we are confronted by a new law that will direct us as to when, where and how we may prescribe or administer opium.

Another eventuality that is becoming palpable is the fact that the opium habit will not be controlled as long as certain nations disregard the moral problem and cling solely to the commercial revenue that is derived by these nations from the raising and exporting of opium. India has raised and

chewed opium for over two centuries; this national industry cannot be curtailed in a decade. In Persia and Turkey peasants are depending for their livelihood on the income they obtain from their opium crops. It is more than a gigantic task to induce and train these peasants to raise other crops. There is thus involved the diplomatic, tariff, export regulations, agricultural and revenue features that impinge upon the national affairs of some more than thirty-five countries and states.

The final and most alarming eventuality is the one whereby our government may on its own initiative and by the instigation of certain lay organizations and welfare workers, enact a law that is prohibitory in type and which will seek to exclude all but a limited annual amount of imported opium. If that occurs then our government will be confronted with an enforcement activity against smugglers that will exceed our present corps of liquor enforcement officials who thus far have been wholly unable to cope with the liquor problem and rum-runners. One refrains from commenting upon such a situation.

What then is there to be done? We concede that the curtailment of opium production and of the opium habit is a pressing social and economic problem that presses for solution. However, have we gone about it in the right way to achieve the solution? We believe not. We are not quite so fatuous as to believe that we can outline and advance the proper method by means of which the problem should be handled. We do, however, purpose to urge that the Medical Profession of the country, through its county, state and national organizations should become deeply concerned. We believe that a representative commission composed of experts and organizational representatives should be created and directed to survey the entire situation and formulate definite and applicable procedures. Having done so, this commission should invade our national law making bodies and mould proper legislation.

We are hopeful that during the pending meeting of the American Medical Association such a foreward step will be taken by that national body. If that is done and such a commission is created, then every state medical organization should lend its material and moral support to expedite and aid the work that is to be undertaken. We are of the opinion that such is the only course to pursue if the opium problem and opium addiction is to be solved and curtailed.

Editorial Comments

We anticiapte that inasmuch as our legislature declined to give recognition to the cults, the question will be asked, "Why permit them to continue to violate a state law which prescribes the requirements that an individual must possess, who holds him or herself forth as capable of treating human ailments and disease." Many of our members are right in demanding that these violators of the medical practice act be dealt with according to the provisions of that law. Whose duty is it to institute prosecutions? There is but one answer and that is—the County Prosecuting Attorney. The State Medical Society, The State Board of Registration in Medicine and the State Board of Health cannot resolve themselves into prosecuting officers. The Board of Registration and the Board of Health can and does assume the duty of prefering charges in certain instances. We partly feel that the Board of Registration might well and properly do so in more instances than it has in the past. The State Medical Society is not and cannot become, and what is more, should not become a prosecuting organization. The enforcement of this law rests with the County Prosecuting Attorney. We are aware that these County Prosecutors have been lax in the past and most likely will continue to be so in the future unless some influence and pressure be brought to bear upon them. Who shall exert this influence and pressure? Individually you cannot do it as a doctor. Neither can the County Medical Society assume that role. However, as citizens and as independent groups of citizens you can interview and enlighten other fellow citizens and with that local influence brought to your local Prosecuting Attorney we are inclined to believe that he will recognize the wisdom of enforcing this law with the same zest that he manifests towards those who violate other state laws. Why should a member of a cult, or a faker, obtain immunity any more than does the auto-speeder, bootlegger, gambler, confidence man or forger? None at all. The cultite violates the rights and peace of citizens far more flagrantly than do these other law transgressors. He is entitled to no more immunity than is the burglar or murderer. His acts will continue to be condoned until you and your fellow-citizens assert yourself and cause your Prosecuting Attorney to recognize his duty and institute proceedings. Do not pass the buck. Start in now to enlighten your fellow neighbors, educate your prosecutor and tell him that you are demanding that he cease overlooking these law violations. It is your job. Supposing that you start getting busy.

Many of our members are planning extended vacations. All of them will have certain experiences and will attain their ideals as to what should comprise a vacation. We solicit your writing and telling our readers and your fellow members just what these ideals and experiences were. Such communications will not only be interesting, but they will also convey suggestions to others that will be helpful in formulating vacation plans. So please send in your individual contributions. Contribute them for each other's happiness and profit.

Wayne, Jackson, Genesee, Houghton and a few other county societies have adopted an automobile emblem to distinguish the doctor's car on our streets and highways. Certain reasonable privileges are accorded in traffic regulations. The query is pertinent—Why not adopt a state emblem that will have a state-wide recognition? We are for it.

The subject was discussed at the Secretaries Conference. A referendum was advised. What is your opinion? Would you like such an emblem? The American Medical Association has designed a new national emblem. If that emblem could be secured with an added Michigan identification would you be interested? If a sufficient number of members manifest their interest and supply us with their suggestions we will make it our business to bring out such a Michigan emblem. So please tell us what you want and how you want it.

During the present month a list of all our members who have paid their 1925 dues will be sent to respective County Secretaries for verification. After the County Secretary has checked over the list and returned it, we purpose rechecking the addresses on our mailing list. This will assure that every member who is in good standing will receive a copy of The Journal. Our greatest difficulty in keeping our mailing list up to date is due to the many changes in address that occur and of which we receive no notification. County Secretaries are requested to notify us when any member claims that he is not receiving The Journal.

Again do we request the sending in of case reports. In this issue we are publishing two contributed reports. We desire more. Be assured that these case reports are desired for our Case Report Department. Well gotten up Case Reports are not only interesting, but instructive. May we have more of them and will you not help us to secure them?

County Secretaries will secure some valuable suggestions from reading the full Conference report contained in this issue. These suggestions will aid you in bringing about renewed interest in your county. We suggest that you apply them and secure the assistance of a few of your fellow-members in making the application. Get in touch with your neighboring County Secretaries and trade speakers with them. A joint-meeting or picnic outing would not be amiss. Wonderful opportunities exist for increasing the scope and interest in your local society. All that is required is for you to inspire the initiative and institute the activity. That is the chief duty lying before you and one which you should recognize. Blame for a dead society will always rest at your door and who wants such a reputation? Ask us for any help that we can give for we are eager to be of the greatest possible assistance.

The Miiltary Surgeon is the official publication of the Army Medical Department and of the Reserve Corps. It is a valuable magazine of interest and scientific worth. The editorial management is very desirous of securing articles from ex-officers setting forth professional and personal experiences that were encountered while in the service. Personal reminiscences and exceptional incidents are desired. We pass on the request with the hope that some of our members may be moved to contribute articles dealing with these subjects. The manuscript may be sent to us and we will see that it is forwarded to the editor or you may address the Editor, Military Surgeon, Washington, D. C. A goodly number of Michigan men should be listed as contributors.

There is going to be another election. At the proper time we will give warning of the aspirations of Lieut. Governor Welsh. If the Lieutenant Governor had had his way he would have sacrificed the health and lives of the people of Michigan and given the "chiros" every right to toy with human life. When politics to gain selfish ends barters with lives of citizens it is time to call a halt. That's what we purpose to do and our 3,300 members, working along definite lines, can create the force that will erect the barrier.

In making your plans for your summer and vacation time we recommend that you bear in mind that one of your outings will be three days spent in Muskegon in attending our annual meeting. The dates are September 8, 9 and 10. Thirty capable and fluent clinicians will address combined meetings of all the sections. It will be a post-graduate lecture course that you can ill afford to miss. Reserve these dates now on your summer program. Write to the hotels for your room reservation and do not neglect doing so early. See the editorial page for further announcement and watch succeeding issues for the detailed program.

Plans are being perfected for conducting four post-graduate clinical conferences in four different localities in the Upper Peninsula the month of July. To our members in the Upper Peninsula we desire to convey the message that when they are in receipt of the program and date for their respective territory that they make it a point to be in attendance. Wherever these conferences have been held the opinion has been expressed that they were the most instructive and helpful meetings ever put on. Special features are being worked out for these four Upper Peninsula Conferences.

Again we call attention to Hygeia. It is a magazine that is doing a world of good in imparting truths as to scientific medicine and acquainting the public with the fads and fallacies of those who sponsor varieties of cults and pseudo-scientific practices. Hygeia is carrying a message of truth to the people. Hygeia is efficiently serving to expose quackery. Hygeia merits the support of every physician; it should be on the reception room table of every doctor. Hygeia is teaching the people rules and methods of right living, the prevention of disease and the conserving of physical health. We urge once more that every doctor lend his assistance in increasing the circulation of Hygeia and cause it to enter the homes of your patient's family.

Here and there you will find some men who hold themselves out as doctors and who by some reason possess a license to practice who resort to actual deception and fraud. It is not base ignorance, it is pure unadulterated fakery. Just recently we heard of one who gave insulin to his diabetic patients every Saturday. Another was reported as giving diabetics three injections of insulin and then assuring them that the new treatment had cured them of their diabetes. In neither instance was there any attempt to secure evidence that is obtainable from blood chemistry and which is absolutely necessary in order that insulin may be rightfully administered. There was no effort made to prescribe a balanced diet. Insulin was given in course or at week intervals and fees were being collected. It is difficult to give forceful expression of condemnation to such practices. We cannot find words strong enough to condemn such individuals who dishonor themselves and the medical profession. It is difficult to perceive the mentality or visualize the morals of such cusses. Our recommendation is that the County Society call such men on the carpet, force the discontinuances of such practices and if that is not effectual to then take steps to cite them before the State Board for the

revocation of their licenses on the grounds of quackery and fraud. It is about time that we clean house and get rid of some of these skalawags. There are others probably employing other means to deceive the people. They play up some machine, light, serum or drug. They are as bad as these insulin fakers. We are for a movement that will expose them also.

Dr. Andrew P. Biddle, Detroit, was elected President of the American Dermatological Association, at the annual meeting held in Washington on May 5th. This is the highest honor that can be conferred on an American dermatologist. Especially so this year, when the association celebrates its 50th anniversary. We are distinctly pleased that this honor should come to a Michigan man, who has done so much for our state profession and who has always stood for the higher, better things in professional and civic life. We tender our congratulations to Dr. Biddle. We congratulate the Dermatological Association upon having selected so capable and deserving member as its President.

We have seen in the past twenty-five years horse cars and carriages give way to motor driven vehicles, old landmarks have been torn down and in their places have been erected massive structures of steel and stone. The skyline of the city now visualizes a change that seems magical and inspiring, aeroplanes and dirigibles are no longer a novelty, and the radio registers the most recent, but probably the sharpest, contrast of the present day with the past.

The contrast in the procedures and practice of medical science during this same period shows as startling and radical a change. A work on surgery that is ten years old is practically useless, as the strides of progress in that science have in so short a time carired the art so far. In diagnosis the trained eye, ear and touch of the skilled physician are supplemented and aided by the X-ray, the laboratory where delicate tests are determined, and improved apparatus that gives precision and accuracy in the measurement of the bodily functions. The psychologist analyzes the changes in abnormal mental condition by his comprehension of the subtle influences that disturb mental balance and manifest themselves in abnormal physical and mental reactions. The changes about us that so readily register upon our minds are no more startling than those which the science of medicine have undergone in these recent years.

The passage of workmen's compensation laws throughout the country has brought the medical profession into close contact with the industrial world and has produced changes in the practice of industrial medicine that are short of revolutionary. The tendency to mesh the medical profession into the industrial machine and make it a cog in the mechanism, gained sufficient momentum a few years ago to make the passage of compulsory health insurance laws a serious menace to the profession's independence. This effort, however, was but a symptom which sounded the warning of how the industrial world contemplated dealing with the medical profession and of the design to lock-step it in obedience to purely materialistic and industrial needs. The profession was saved from this impending doom not so much by the loud protest of its individuals, as by the power of its organized intelligence. New importance was given by the compulsory health insurance campaign to the necessity and value of organization in medicine, in order that the profession might take its proper place in the civilization of this present industrial age and not become a part of the army of white-collared wage-earners. That battle has been won, but have the gains of the victory been sufficiently consolidated for a further advance by the profession?

Possession of intelligence alone is not sufficient to cope with the present day problems of this industrial age—for the professors of the schools and colleges throughout the country possess a learning and intelligence quite comparable with that had by any of the learned professions, but their economic status has been one of pity. Their position in the life of this material age is not adequately registered and organized, because such profession does not adequately function in the organization of its intelligence and the expression of its congregated judgment and power.

Numerically the medical profession are practically negligible. Their total voting strength throughout the United States is less than that of a few blocks of tenement dwellers in the City of New York. The structure of ignorance, of blind political partisanship, of selfish greed, will give way to the power of organized intelligence as readily as the giant steel structure can be made to crumble and fall by the application of the acetylene torch.

The industrial world depends upon the physician to keep the workers healthy and to treat scientifically industrial injuries and diseases. Industry must rely upon the maintenance of a high degree of professional integrity, learning, skill and morale in the medical profession to maintain a high standard of industrial production.

The great life insurance companies that have outstanding today fifty-four billion dollars in policies of life insurance have based the writing of every dollar of their promise to pay those billions of dollars upon the opinion, the skill and the integrity of medical men. The millions of dollars paid annually in health and accident insurance are paid only after a medical man has made his examination and given his opinion. The workmen's compensation for industrial accidents, unknown twenty-five years ago, represents today an investment of millions of dollars and the payment of one hundred and seventy-five million dollars in premiums a year. Of these premiums twenty-five million dollars a year are spent for medical service. The whole purpose of this law would be defeated and its operation ineffective were it not for the contribution made by the medical man in the performance of medical services under its provisions. The banking interests of the country are closely allied with these various industrial and insurance corporations and depend largely for their money upon the millions of dollars that flow into their treasuries. The entire economic system, therefore, has a direct dependence upon the maintenance of a high degree of learning, skill and integrity of the medical profession.

The laws that destroy the profession's morale, by permitting the influx of hordes of ignorant and unqualified to practice a branch of the healing art and exploit a theory of treatment contrary to the science upon which disease today is treated, and laws that destroy the initiative of the medical man in the pursuit of science and in the acquiring of economic independence, strike not only at the medical profession, but through it at the great industrial and business enterprises of this present age.

These are the changes that the last quarter of a century have wrought—quite as amazing as any that we so readily visualize and comprehend about us. Their lesson, it seems, is to emphasize the imperative necessity of firm organization of med-

ical men so that organized intelligence can combat the destructive effects of the industrial tide and guide it into channels of usefulness to mankind and of progress for the race. In this work in the State of New York the Medical Society of the State of New York and its constituent county societies should have the support, not of passive acquiescence, but of active, militant aggressiveness of every medical man of the state, and its leaders should be encouraged and supported in the carrying out of its great mission.—Walter Whiteside in New York State Medical Journal.

The Wayne County Medical Society has brought into existence a Clinical Bulletin that is published daily and imparts the clinical work for the day and the medical meetings that are being held in Detroit. This Bulletin will thus serve to enlighten every doctor in Wayne County as well as the visiting doctors as to where and at what time Detroit's Medical Clinics are being conducted. It will enable the visitor to plan a profitable program for each day. This step in advance again characterizes the progressiveness of the Wayne County Medical Society. The Bulletin will stimulate interest and will induce men to go to Detroit for clinical study and clinical experience. We recommend that when you are in Detroit that you secure a copy of this Bulletin before you outline your day's schedule.

For hotel reservations at Muskegon write to Dr. Wm. LeFevre, Chairman of the Local Committee on Hotels. The doctor will endeavor to meet your desires and supply you with satisfactory accommodations. We suggest that you make early reservations in order that your requests may be fully complied with.

We note that the Prosecuting Attorney of Wayne County has written letters to some sixty-five chiropractors warning them that they must comply with the state law governing the practice of medicine or be subject to arrest and trial. We commend this activity on the part of this prosecutor, for why should some be permitted to enjoy immunity from the law. We have frequently stated that the enforcement of the law did not rest with the doctors or their organizations. It is a duty that devolves upon the prosecutor of every county. If men are violating the law in your county and procedures are not instituted against them there is only one place where the blame can be placed and that is with your County Prosecuting Attorney. It might be well if some of them were made to wake up to the fact.

The Department on Public Health that is being conducted in each issue of The Journal by the State Commissioner of Health and the members of his staff has added a valuable addition to our publication. The articles in that department are live, pertinent, instructive and reveal what is being accomplished in state health activities. We recommend that they be not carelessly passed over; read them and profit by what they impart.

We wonder why it is that more sons of preachers, lawyers, and business men are enrolling in our medical schools than are sons of physicians. Does Dad know too much of the struggle and time requisite before an individual attains medical independence and competency? Or, is the expense too great for the average physician to expend to defray the cost of medical education for his son. We wonder. On the other hand we also note that not all preachers' sons are studying for the ministry, nor are all lawyers sons taking a law course. Again may not the sons of professional men themselves perceive the demands and tribulations of their Dad's field of labor and of himself determine that he has no liking for Dad's vocation. In the business world we also note that Father's Business is not always being passed on to the son, as was the custom not so many years ago. We find fewer and fewer business firms who are able to claim that their business has been under the management of several generations of the same name. However, we believe that the son should have a very wide latitude to select that trade, activity or profession towards which he has a natural liking and bent. To force a young man into a business or life's task against his wishes is almost equivalent to condemning him to total failure or at the best mediocre success. The thing we are driving at is to urge that the young man, seeking to select his field of work, should be afforded the opportunity of talking to several representative individuals in that field in order that he may know something of the hardships therein entailed and not be mislead by the outward glamor that never is tinted with the inner drama.

The Journal will welcome the submission of original articles or case reviews for publication. We are running low on material for our scientific department and in order to keep up our quota of scientific articles we are requesting their contribution. As we have frequently stated, the scientific value and interest of our state publication must be created by the members of our state organization. This is a field and a work in which all must assume a part of the labor. May we have your assistance?

Out in California a certain citizen gave $325,000 to a city hospital on condition that only accredited regular physicians should be admitted to the staff. Shortly after the hospital was opened certain chiros succeeded in bringing about a vote on a referendum to admit them to the hospital staff. The referendum carried. Immediately the trustees and staff resigned. The generous donor then stepped in and demanded that the city live up to the conditions of his gift or return it to him. He also called attention that these cults were practicing in violation of the state law. We cite this merely to reveal the workings of these cults and how they can fool the ordinary voter. It is another reason why we must continue to press on in the work of educating the public. Voters who know medical facts will not vote "yes" on fool referendums. It is our task to impart this information that is available through our Joint Committee. Are you doing it in your county?

Life insurance companies still continue to solicit alms from the profession in the form of free expert opinion and diagnostic skill. A person applies for a policy. In the application he states he has had certain illnesses and that Dr. Blank attended him. The company writes to Dr. Blank asking full details, diagnosis and prognosis of these illnesses. They seek to thus secure this expert opinion from you in order to base their conclusions and ascertain the safeness of the risk. It is medical services to the company which they need and for which they do not want to pay. They won't pay as long as doctors continue to supply free services. It is our custom to return the request with a notation that our fee is from five to ten dollars, according to the case and when check is received we will supply the information requested. Why should you, doctor, serve a cor-

poration on a charity basis? We recommend that in these instances you demand your just fee. When doctors do this, companies will pay.

An editor of a large daily was once asked how he was able to find material for his editorial pages day after day. He replied: "People forget, and so we feed it to them over and over again." We coincide with the editor's appraisal. Doctors, when it comes to organizational problems and activities, are evidently prize forgetters. Just this past week one man was surprised to find that his membership included medical-legal protection, though we have commented upon it a half a dozen times a year. Another member forgot and thought our annual meeting was in May and that he had missed it. We could go on and mention incident after incident of such forgettings. The only thing apparently is to keep on feeding this information in order that the incidents may be as few as possible.

Among Our Letters

NOTE.—*This department is the open forum of our members. Your communications and discussions are welcomed. Anonymous communications cannot be accepted, though at times names may be omitted by the Editor. Personalities will not be printed and responsibility for opinions is not assumed. We invite your interest in this department. Address: The Editor, Journal, Michigan State Medical Society, Powers Theatre Bldg., Grand Rapids, Mich.*

Editor of The Journal:

You are no doubt fully aware of the important part played by the C. M. T. Camps in the promotion of the present national defense plans. No national defense plan worthy the name can be carried to a successful conclusion without the whole-hearted support of the medical profession and this is of course very true of the C. M. T. C. project. It is essential that all the young men admitted to these camps be physically fit and whether they are or not can be determined only by a physical examination which is performed before they leave home, preferably by their own physicians. It is also important that all candidates for training be immunized to typhoid and paratyphoid fevers and smallpox in order to obviate all danger of epidemics in the camp and to afford protection against these diseases in the event of a national emergency.

It is desirable and indeed necessary that candidates for enrollment be examined and immunized without cost to the applicant. Arrangements have been made whereby this may be done at any Army, Navy or Public Health station where medical officers are on duty, but it is impracticable to reach all applicants through these agencies. It is thought to be the patriotic duty of all medical men to assist in the operation of the C. M. T. Camps during peace as a part of their share in the defense of our country, by physically examining and immunizing without charge such candidates for training—living in their communications—as may apply to them. I am writing to ask if you will be kind enough to bring this matter to the attention of the County Societies of your state and urge each member to co-operate with the Federal Government in this matter insofar as may be consistent with his other activities.

Very truly yours,

M. W. Ireland, The Surgeon General
U. S. Army.

NOTICE

Editor of The Journal:

The semi-annual examinations of the Michigan State Board of Registration in Medicine will be held as follows:

At the University of Michigan, Medical Department, Ann Arbor, Michigan, beginning June 9th, 8 a. m., and continuing for three days.

At the Detroit College of Medicine and Surgery, 1512 St. Antoine St., Detroit, beginning June 15th, 8 a. m., and continuing for three days.

Complete applications must be in the office of the Secretary, 707 Stroh Building, Detroit, at least two weeks prior to the date of the examination.

Subsequent to January 1st, 1926, internes completing the required rotary service in accredited hospitals shall be required to pass a clinical-practical examination before clinical examiners appointed and authorized by the Board of Registration in Medicine.

Michigan State Board of Registration in Medicine.
Guy L. Connor, Secretary.

State News Notes

COLLECTIONS

COLLECTION SERVICE

communicable disease; opportunity for epidemiological study, and for advancement; initial salary $3,000 yearly and traveling expenses. Address Deputy Commissioner, Michigan Department of Health, Lansing.

FOR SALE—Excellent practice, with instruments and medicines, residence and office; town of 5,000. Will bear close investigation. Mrs. A. E. Savage, Greenville, Michigan.

FOR SALE—$8,000 unopposed village and country practice on railroad and trunkline highway; good school, church and business center; nearest competition ten miles; inland lake resort region; use automobile all the year; eight room modern house and two car garage in center of town. Price $3,500.—Dr. M. J. Cross, Delton, Mich.

The City Hospital in Jackson is under the control of the City Commission. For some time certain chiropractors of Jackson have been endeavoring to gain admittance to the hospital and pursue their practice on patients in the institution. The subject was widely agitated and much pressure was brought to bear upon the Commission. On May 19th formal action was taken and the Commission denied the use of the hospital to the chiropractors.

Dr. Ray Lyman Wilbur, President Stanford University, California, and Dr. W. A. Evans of Chicago, delivered the dedicatory addresses of Butterworth Hospital, Grand Rapids, on May 20 and 22nd. The hospital was opened for reception of patients on June 1st. The hospital has 270 beds and is the largest in Grand Rapids.

St. Mary's Hospital, Grand Rapids, has commenced the erection of an 80-bed addition to their present modern building.

Dr. Hugh Cabot, Ann Arbor, addressed the Kent County Medical Society on May 15th, at the regular meeting held in the new Butterworth Hospital. The members were the guests of the hospital staff for dinner.

Doctors M. W. Wells, J. T. Hodgins and Ferris N. Smith, Grand Rapids, departed the middle of May for a European trip.

OUR SOCIETY BUSINESS AND ACTIVITIES

HARVEY GEORGE SMITH

EXECUTIVE SECRETARY

NOTE: This Department will each month contain a discussion and report of our Society work and planned activities. Your interest and correspondence as to your problems is solicited.

THE CHEST CONFERENCE

The first Chest Conference for Michigan was held at Benton Harbor on May 5, 1925. Thirty-four doctors from Berrien, Cass, Kalamazoo and St. Joe counties were present. The conference consisted in a scientific program with discussions. The lectures were in charge of Doctors J. B. Jackson, B. A. Shepherd and Wm. R. Vis. That the program was of value was indicated by the extensive discussions and points raised by the audience.

A feature of the conference in addition to the scientific program was the luncheon at noon. This was an informal social gathering. Everyone present was a good fellow. Visiting and conferring went on as if old friends had met. There were several informal talks by Doctors Jackson, H. O. Westervlet, Secretary of the Berrien County Medical Society, Theo. J. Werle, Doctors Lupee and Green from Cass Counties, Dr. C. N. Sowers of Benton Harbor and Harvey George Smith, Executive Secretary. There was so much to discuss in an informal manner and so many interesting points to clear that most of the doctors felt well paid for coming to the conference just to be present at this fellowship luncheon. Two points discussed in addition to the subjects of the conference were the legislative activities with the accomplishments of the year and the membership of the Cass County Medical Society. As to the latter, steps were agreed upon by the five Cass County doctors to consider their own condition by holding a special meeting of the physicians and then determine whether or not the local society would be revived, or whether the membership would transfer into adjoining societies. Both the Berrien County Society and the Kalamazoo Academy of Medicine extended a welcome to membership in their respective bodies. The prevailing sentiment seemed to be in favor of reviving the local society of Cass County.

The First Chest Conference was a co-operative enterprise by the Michigan State Medical Society and the Michigan Tuberculosis Society. The Michigan Tuberculosis Society has pointed out as a result of careful study that Michigan had not made as much progress as was her right in reducing Tuberculosis in the state and further that from a national viewpoint the diseases of the heart were more serious at the present time than those of the lungs as more deaths were now recorded from the former.

Both Societies thoroughly recognize the need of solving these problems for the State of Michigan and both have agreed that special meetings or conferences for study by the phy-

sicians of the state would result in gains over these serious conditions which are impeding the health of the state. The science of medicine is always alert to conditions that seditiously undermine the health of the community and immediately takes measures to remedy such conditions in the interest of the public.

More of these special conferences will be arranged later. In the meantime both Societies will welcome suggestions as to how to secure the greatest results.

The following program was given:

10:30 a. m.—Opening Statements. J. B. Jackson, M. D., Councilor, Chairman; Harvey George Smith, Executive Secretary; Theo. J. Werle, Executive Secretary, Michigan Tuberculosis Society.

10:45 a. m.—"The Physical Examinations of the Chest With Anatomical and Pathological Conditions," B. A. Shepard, M. D., Kalamazoo.

11:25 a. m.—Discussion.

12:00 m.—Luncheon at the Eleanor Club.

2:30 p. m.—"The X-ray in Examination of the Chest," J. B. Jackson, M. D., Kalamazoo.

3:15 p. m.—Discussion.

3:30 p. m.—"Differential Diagnosis," Wm. R. Vis, M. D., Grand Rapids.

4:15 p. m.—Discussion.

SOCIETY PROGRAM TEAMS

When the Secretaries met in conference on April 22, a contribution was made to the Society activities. The suggestion was advanced that County Societies help each other in scientific programs. Each County Society could organize at least one team of two physicians who could and would visit nearby County Societies and give a discussion on a single or related subjects. Many of the smaller Societies find it difficult to secure speakers from a distance and at the same time find it difficult to keep up inteerst in their own programs. Each Society has a large enough membership to give three proprams but may find real difficulty in giving ten or twelve. If a friendly relationship can be established with three adjoining Societies, a program can be arranged at least once each month. In addition to the scientific gains in programs a social development would also follow. The physicians of two, three, four, or five counties would become better acquainted, would become friends and the result would be the advancement of scientific medicine for an entire district.

Upon reading this suggestion you naturally come to the next—that of helping each other in the community program—the lectures for the Parent-Teachers' Associations, noon-day luncheon clubs, high schools and churches. The community in most cases is more interested in the speaker from away even though there is as good talent at home. Societies should secure the consent of a number of their members to take part in these programs. Two members can easily prepare related material for public lectures. This plan does not interfere with but supplements that of the single speaker. Each Society should be ready with both single speakers and team speakers to take part in public health activities in near-by counties.

These are suggestions for the improvement of the scientific programs and for helping the County Societies to be effective in the work of the community. This is a co-operative enterprise and one which has future values. Are you ready to advance your profession, the health of the community and the science of medicine? If you are, try these suggestions and make reports of your accomplishments.

THE SECRETARIES' CONFERENCE

The papers and discussions of the Secretary's Conference are printed in full in this number of The Journal. The problems and methods of solution involved in organized and scientific medicine are there recorded. The small Society and the large show different problems, but the same aims, the advancement of scientific medicine.

In the conference special interest was evident in scientific programs, publicity, community health, community activities, methods, friendship and how the County Medical Society could become active as an organization in community affairs.

No one can attend conferences without gaining information. The Secretaries present at this conference contributed wisely in papers and discussions and received information as well as gave. Secretaries not present missed much. They should refer to the records of the conference for use in their own Societies.

The following Secretaries, Officers and Councilors were present:

SECRETARIES AT CONFERENCE

Alpena County—C. M. Williams, M. D., Alpena.

Antrim, Charlevoix, Emmet County—B. H. VanLeuven, M. D., Petoskey.

Calhoun County—Lloyd E. Verity, M. D., Battle Creek.

Genesee County—E. J. Curry, M. D., Flint.

Houghton, Barago, Keweenaw County—G. C. Stewart, M. D., Hancock.

Ingham County—H. L. French, M. D., Lansing.

Gratiot, Isabella, Clare County—E. M. Highfield, M. D., Riverdale.

Jackson County—S. F. Kudner, M. D., Jackson.

Kalamazoo, Van Buren, Allegan County—W. E. Shackelton, M. D., Kalamazoo.

Kent County—H. T. Clay, M. D., Grand Rapids.

Muskegon County—P. S. Wilson, M. D., Muskegon Heights.

Saginaw County—A. R. McKinney, M. D., (for F. J. Cady, M. D.), Saginaw.

St. Clair County—H. O. Brush, M. D., Port Huron.

Wexford, Kalkaska, Missaukee—Tri-County—W. Joe Smith, M. D., Cadillac.

Tuscola County—E. G. Bovill, M. D., Caro.

OFFICERS AND COUNCILORS

Charles D. Clancy, M. D., President, Port Huron.
C. D. Darling, M. D., Councilor 14th District, Ann Arbor.
B. R. Corbus, M. D., Councilor 5th District, Grand Rapids.
O. L. Ricker, M. D., Councilor 9th Ditsrict, Cadillac.
B. H. Van Leuven, M. D., Councilor 13th District, Petoskey.
J. B. Jackson, M. D., President of the Executive Committee, Kalamazoo.
F. C. Warnshuis, M. D., Secretary-Editor, Grand Rapids.
Harvey George Smith, Executive Secretary, Grand Rapids.

SOCIETY PICNICS

Will it be a barbecue, a brigand steak or just a plain beefsteak picnic dinner? Will it be a stag party of the medical fraternity alone or with the dental society? Will it be a social function to which the good ladies are invited? These are questions that each Society will settle for itself. The important problem to settle is when shall we have our picnic and where.

It is a grand and glorious feeling to drive out ten, fifteen, or twenty miles to the side of a lake, a river, a brook, or even a good wood and forget the heavy duties of each day. The old experienced camper of the Society builds the fire and lights it with a single match. Some one finds the smooth stones for the broiling of the steak, another brings up the wood, a second fire is built for the coffee and the baking of some choice Michigan potatoes. Let no one forget the rich cream and sugar for the coffee, and as important, the coffee pots themselves.

The picnic is really an institution of our ancestors. It is not supposed to be garnished with all the conveniences of a modern home or hotel. To go on a real picnic means to leave formality at home, call John, John and not doctor. It means a flannel shirt, an old suit and old shoes. Each one broils his own beefsteak on the end of a long handled fork, or a green stick; perchance drops it in the ash once or twice before done and finally places it between two slices of brown bread. It's food with a natural taste; and what an appetite. There are coffee and pie or strawberries to satisfy the lingering taste and cigarets and cigars

We sit by the faintly glowing embers and watch the last beams of the hidden sun pass into the night. The picnic is at an end. We have had more fun than any time during the year and we have learned to know our fellow practitioner. It has been a *picnic*.

Deaths

Dr. Roy T. Urquhart, Grand Rapids, died on May 18th, following a long illness from cancer of the larnyx. Dr. Urquhart was 47 years of age, a graduate of the Medical Department of the University of Illinois. He had practiced in Grand Rapids for 18 years, limiting his work to the Ear, Nose and Throat. He was a member of the Kent County Medical, State and American Medical Associations. Burial was in Grand Rapids.

In the death of Dr. Noah Bates, April 21st, Genesee County Medical Society has lost one of its most loyal, faithful and conscientious members. Loyal by being a supporter of the principles of the Society, by being a regular attendant at its meetings, and ever ready to assist or say a kindly word of his confreres.

Faithful in all duties placed upon him as a charter member, as one of a committee, or as an officer. The smallest detail was not too trivial for his attention and consideration.

Conscientious—keenly so—ever alert and sensitive to fulfill his duties with dignity and moral courage. His habits of practice were exemplar. Responding to a call, day or night—far or near, with dispatch, over primeval roads with horse and buggy. A promise with him was as sacred as an oath.

At an appointment he was the first to meet it. His remarkable interest in our local Society has not waned even in these last years of advanced age. To those of us who have been privileged to know him we have always found him courteous and pleasant.

For these sterling qualities he has been honored as no other member of the Society has been, by being elected President for four consecutive years. On October 29, 1912, the Society tendered him a testimonial banquet at the Dresden Hotel.

To his widow who has enjoyed sixty-five years companionship, we convey especially our sincere sympathy and kindly respects. With the other members of the family we mourn the loss of an inspiring councilor and friend.

In behalf of the Genesee County Medical Society, the Committee recommended that this resolution be spread upon its archives, that a copy be sent to the State Journal for publication, and that another copy, together with an appropriate bouquet of flowers, be sent to his family.

April 29, 1925.

Committee,
Fred B. Miner
J. G. R. Manwaring
A. A. Patterson.

County Society News

LAPEER CO.

The April meeting of the Lapeer County Medical Society was held at Imlay City on April 9, 1925. Those present were, Doctors Jones, Temmer, Kay, Webster, Fonner, Seatt, Chapin, Tinker, Martin, Marsh, Crankshaw, Thomas, Best and G. R. J. Manwaring of Flint.

Meeting called to order at 11 a. m. by President Martin.

Minutes of last meeting read and approved.

Moved and supported that the Secretary be instructed to send a copy of the minutes of the Society meetings to the Editor of The State Journal for publication. Carried.

A letter from Dr. A. O. Boldton, of Gladwin, was read, in which he stated he had joined Bay County Society, as it was closer to him than Lapeer, where he has formerly been a member. There being no County Society in Gladwin County because

there are only four doctors in the county, it is necessary for them to join adjacent counties.

Letter was received and placed on file.

It was decided to hold the May meeting at North Branch, the subject to be "Diphtheria," and the meeting to consist of a round table discussion of this subject in which every member was to take a part, giving his personal experiences.

A splendid dinner was then enjoyed which was a great credit to Imlay City.

After dinner Dr. G. R. J. Manwaring, of Flint, gave a talk relating his experiences in the clinics of Europe during his trip there in 1924, which was much enjoyed as it showed the hospital methods and asepsis practiced in American hospitals are equal, if not better, than that found in Europe. Many of our members expressed their delight with Dr. Manwaring's talk.

Dr. Jones, of Imlay City, our venerable dean, with over 60 years in active practice to his credit and still active, then offered in his usual excellent language, a vote of thanks of the Society to Dr. Manwaring for his interesting talk.

This was supported by Dr. Kay and unanimously carried.

Meeting then adjourned until next regular on second Thursday in May.

Please take notice that the officers of the Lapeer County Medical Society for the year 1925 are as follows: President, Dr. P. E. Martin, Imlay City; Secretary-Treasurer, Dr. H. M. Best, Lapeer.

M. M. Best, Secretary.

MUSKEGON COUNTY

A regular meeting of the Muskegon County Medical Society was held following a banquet at the Occidental Hotel on the evening of May 1st. Twenty-two members and eleven guests were present. All business was dispensed with and the evening was given to an illustrated lecture by our guest, Dr. T. Leucutia, roentgenologist at Harper Hospital, Detroit. Dr. Leucutia demonstrated by lantern slides of roentgenograms and micro-photographs, some of the wonderful results that he is getting with deep X-ray therapy in the deep-seated neoplasms. His excellent talk brought forth many questions, and made manifest the interest of our members, in the subject. It is hoped Dr. Leucutia may meet with us again, that we may follow his work.

P. S. Wilson, Secretary.

WAYNE COUNTY

On April 6, 1925, the Society was fortunate in having the opportunity of hearing George Clark Mosher, M. D., of Kansas City, speak on "The Progress of Maternal Welfare," in which he outlined the methods in use throughout the country in lowering the infant mortality rate. Coming as he did with a wide experience as an obstetrician and gynecologist and in his position as Chairman of the Maternal Welfare Committee of the American Association of Gynecologists, Obstericians and Abdominal Surgeons, the Society expected much, and no one who heard his splendid address was disappointed.

On April 13, 1925, Frank N. Wilson, M. D., Professor of Internal Medicine, University of Michigan, regaled us with an excellent review of the present status of the "Treatment of Heart Disease."

On April 20, 1925, a demonstration of clinical cases with a discussion of their diagnosis and management was brought before us by the members of the Detroit Dermatological Society. At this meeting Dr. Guy L. Kiefer presented the Society with a portrait of Dr. Benjamin Waterhouse, well called "the Jenner of America," who was the first in this country to use cow-pox inoculation as a protective agency against small-pox.

On April 27, 1925, Harry C. Saltzstein, M. D., spoke before the Surgical Section on the "Role of the Lymphatic Glands in the Spread and Cure of Cancer."

Of unusual interest were announcements received during the month that the 1926 convention of the American Congress of Internal Medicine and the American College of Physicians will be held in Detroit.

We take pleasure in announcing the inauguration of a daily Bulletin outlining the surgical and medical happenings in Detroit. These bulletins are issued daily from the office of the Wayne County Medical Society and anyone in Detroit having a day or more may be appraised of anything which may be going on in a medical line by consulting the bulletins which are posted on the boards at the various hospitals, or may be obtained from the office of the Secretary of the Society.

Very truly yours,

Richard M. McLean, Secretary.

HOUGHTON COUNTY

The Houghton County Medical Society held its regular monthly meeting at the science room of the Calumet High School, Calumet, Michigan, with twenty-seven members present.

After the reading of the minutes the application of Dr. Arthur P. Wilkinson, L'Anse, was received and was acceped for membership in the Society; a motion was made by Dr. Harkness that the Society support the movement for the clinic for crippled children to be held in Houghton County soon. Doctors Moore and Bourland were appointed by the chairman to act as a committee to draw up resolutions on the death of our fellow member, Dr. George Reese of the C. & H. Staff.

The following films of motion pictures were next shown:

1. Suprapubic incision and Electro-Coagulation of Carcinoma of Bladder by Dr. Kolischer.
2. Electro-Coagulation of Tonsils, by Dr. R. C. Elmer.
3. Application of Diathermy and Contractural currents in treatment of Industrial Injury Cases, by Dr. Duval.
4. Treatment of Acute Gonorrhea with Diathermy, by Dr. C. W. Funk.

Also 160 slides of application of Diathermy in many conditions were shown.

A vote of thanks was extended to Dr. Gregg and Messrs. Jones and McKinnon for helping to make the program a success. This meeting brought out our largest attendance and everyone seemed well pleased and interested in the program.

After a free discussion of the films, the Society adjourned to lunch at the Miscowaubik Club.

Yours very truly,

G. C. Stewart, Secretary.

CLINTON COUNTY

Due to unfavorable weather conditions of the previous winter and the widely scattered residences of its members, the Clinton County Medical Society was unable to hold its monthly meetings as regularly as it should, but with the approaching of balmy spring weather Society activities will again assume full swing.

One of the most interesting and successful meetings that the Society ever had was held at the Steel Hotel of this city on Thursday evening, April 30, 1925. We were very fortunate in having with us as guests some of our very prominent physicians and surgeons from Grand Rapids and Flint, who helped to make the program of the evening very interesting and instructive. The Society is also grateful to two of its members, Doctors W. A. Scott and A. C. Henthorn, who furnished the splendid dinner for the evening.

The evening program was opened with the Secretary's reading of the minutes of the previous meeting, which was approved as read. Then followed Dr. Wm. Veenboer's paper on the "Diagnosis of Internal Obstruction." This very important subject in surgery was very excellently presented, and afforded the audience much instructive information. Dr. Beenboer laid particular emphasis on the importance in the early diagnosis of cases of suspicious intestinal obstruction, as much of the prognosis of these cases depended solely on the early diagnosis.

The next paper of equal importance was "Shock," which was comprehensively presented by Dr. H. E. Randall of Flint. In the course of Dr. Randall's presentation of his paper he pointed out the danger points, such as marked hypotension and tachycardia. A blood pressure of 70 mm. systolic is an extremely grave prognostic sign and demands drastic measures in treatment if a live patient is expected. One of the drugs used in meeting such exigencies is insulin combined with glucose, and the result according to the writer was remarkable.

Dr. Jickling, of Flint, read a very instructive paper on "Malnutrition in Children." He also obtained excellent results from insulin in proper dosages in treatment of cases of malnutrition.

Other papers of intense importance and interest were presented by Dr. Vis of Grand Rapids, who talked on "Medical Problems in Surgery;" Dr. Blakely, on "Head Injuries," and Dr. Manwarning on "Indication and Contra-indications for Radium."

The program was then brought to a close giving those present a sense of satisfaction that they have learned something worth while from listening and discussing these excellent papers.

Motion was then moved and seconded that the meeting be adjourned. Motion carried.

T. Y. Ho, Secretary.

BAY CO.

The Society has suffered the loss of its President, Dr. C. A. Trophagen, who died Saturday, May 9th, of chronic interstitiat nephritis.

The Bay County Society has discontinued its meetings until September. Very interesting programs have been carried out the first half of the year as follows:

February 9—Dr. Theophile Klingman, Ann Arbor, "Why Mental Disorders Arise."

February 23.—Dr. A. D. Allen, Bay City, "Social and Economic Aspects of Insanity."

January 12.—Dr. R. H. Creswell, Bay City, "The Relation of the Specialist and Practitioner."

March 9.—E. F. Ford, Esq., Fort Wayne, Ind., "Medical Jurisprudence."

March 30.—I. H. Baker, Esq., Bay City, "Investments."

April 13.—Dr. A. G. Mitchell, Professor of Pediatrics, University of Cincinnati, "Acute Nutritional Disturbances of Infancy."

April 27.—Dr. P. M. Hickey, Ann Arbor, "Hypeinephroma."

May 11.—Dr. Walter Welz, Detroit, "Reduction of Maternal Death Rate in Obstetrics."

May 21st, Doctors Ballard, Urmston, Allen and Foster, of Bay City will put on a program for the Alpena Society. The latter will reciprocate at Bay City in September.

No successor will be elected to take President Traphagen's place. The Vice President, Dr. Dumond, will act the remainder of the year and the annual banquet, December next, will be as a memorial to Dr. Traphagen.

L. Fernald Foster, Secretary.

ALPENA CO.

The regular meeting of the Alpena County Medical Society was held April 16th at the home of Dr. S. T. Bell. The scientific program consisted of a paper on "Ocular Injuries," by Dr. William Newton, Alpena. The paper summarized the various injuries to which the eye is liable and laid out the course of treatment to be pursued. Particular interest was shown in the discussion of foreign bodies in the eye. Following the scientific meeting a social hour was enjoyed during which Mrs. Bell served light refreshments. Miss Emma Potter also entertained with several recitations.

The Bay County Medical Society has been asked to take charge of our program on May 21st.

C. M. Williams, Secretary.

IONIA-MONTCALM CO.

The April meeting of the Ionia-Montcalm Medical Society was held Thursday evening, April 23rd, at Greenville, Mich. An excellent dinner was served to eighteen members by the Hotel Phelps, which was enjoyed by all.

Subject—"Fractures."

Speaker—Dr. Wm. J. DuBoise, Grand Rapids, Michigan.

Dr. DuBois presented his subject in a most interesting and practical manner, giving the important points in diagnosis and reduction of the fracture, also the after treatment. The following points weer emphasized:

First—As early a reduction of the fracture as possible, following the injury and with greater care in immobilizing the part until this is brought about.

Second—Never make diagnosis or reduction without proper X-ray skiagraphs to determine the exact damage done. X-ray after reduction.

Third—General anaesthetic for examination and reduction.

Fourth—Exercise extreme gentleness in the manipulation of the broken parts when the reduction is made.

Fifth—After complete reduction and coaptation apply proper splints to immobilize parts and secure rest.

Sixth—Early gentle massage, active and passive motion.

The members present entered into a free discussion of the subject as well as asking many questions. A rising vote of thanks was extended Dr. DuBoise for presenting this practical and interesting talk.

The second speaker of the evening was Dr. Francis J. Fralick, Greenville, Michigan.

Subject—"Exhibition of Skyagraphs and X-ray Diagnosis."

Dr. Fralick's talk and exhibition of skiagraphs was well reecived. The plates presented covered every conceivable fracture and many interesting chest skiagraphs. The discussion of plates lasted until after midnight which speaks for the interest taken in the subject.

F. A. Johnson, Secretary.

Among the Books

A Review and Frank Appraisal of Medical Books That are Proffered to the Profession by Publishers.

DYSPEPSIA: ITS VARIETIES AND TREATMENT—By W. Soltau Fenwick, M. D., B. S. (London), late physician to the Evelina Hospital for Sick Children, London. Second Edition, Revised. Octavo of 515 pages illustrated. Cloth, $6 net. W. B. Saunders Co., Philadelphia and London.

We don't like the word dyspepsia. To long has it served as a "catch-all" for gastric and intestinal diseases. It inspired a laziness. This text sets for the whole gamut of gastro-intestinal ailments that might come under the one term dyspepsia, but it points out the etiological factors of each and so indicates the differential diagnosis. In this will be found the value of the author's experience and conclusions.

THE MEDICAL CLINICS OF NORTH AMERICA—(Issued serially, one number every month.) Volume VIII, No. IV, (Mayo Clinic number, January, 1925). Octavo of 374 pages with 66 illustrations. Per clinic year (July, 1924, to May, 1925). Paper $12.0; cloth, $16.00. W. B. Saunders Company, Philadelphia and London.

Received.

THE MEDICAL CLINICS OF NORTH AMERICA—(Issued serially, one number every other month). Volume VIII, No. V., March 1925. (Boston number), Octavo of 247 pages and 21 illustrations. Per clinic year, (July, 1924, to May, 1925). Paper $12.00; cloth, $16.00 net. W. B. Saunders Company, Philadelphia and London.

Received.

INTERNATIONAL CLINICS—Volume 1—35 series. J. B. Lippincott Co., Philadelphia.

Received.

THE TECHNIC OF LOCAL ANESTHESIA, by A. E. Hertzler, M. D. Third edition, 140 illustrations. Price $5.50. C. V. Mosby Co., St Louis, Mo.

A well prepared text imparting the principles of local anesthesia technic. The practical proceedures and essential details are well described and some are excellently illustrated. Very helpful in assisting to overcome difficulty of procedures. We are especially pleased by its clearness of language and the absence of non-essentials.

CLINICAL FEATURES OF HEART DISEASE, by Leroy Crumer, M D., University of Nebraska. Cloth, $3.00. Paul B. Hoeber, Inc., New York.

This is a timely text. It interprets clinical findings. It sets forth the practical points of physical examination. It imparts what one may conclude from diagnostic findings. It aids in analizing the clinical features. It therefor helps one to draw definite conclusions and so assists in making reliable diagnoses as well as advancing a prognosis. In this day when heart diseases figure so prominently as the cause of human disability it is very essential that physicians concern themselves with the problem. This text will enable one to do so more intelligently.

DIET IN HEALTH AND DISEASE—By Julius Friedenwald, M. D., Professor of Gastro-Enterology in the University of Maryland School of Medicine, Baltimore; and John Ruhrah, M. D., Professor of Diseases of Children in the University of Maryland, Baltimore. Sixth edition, thoroughly revised. Octavo of 987 pages. Cloth, $8.00 net. W. B. Saunders Company, Philadelphia and London.

No physician or surgeon should be without a reliable text on diet. We know of no text so satisfactory and helpful as this. It clearly sets forth the fundamentals and accepted principles of diet and the value of food in disease as well as health. It amply meets the needs of every practitioner and has a practicality that is of added merit. Many diet lists and special recipes are other features as well as the value of individual food stuffs that are set forth in understandable tables.

THE HEALTH—CARE OF THE BABY—Louis Fisher, M. D. Funk and Wagnalls, New York.

Fifteenth edition of this text which supplies the parent with much needed instruction. Wise counsel is given.

DISEASES OF CHILDREN FOR NURSES—Including Pediatric Nursing, Infant Feeding, Therapeutic Measures Employed in Childhood, Treatment for Emergencies, Prophylaxis and Hygiene. By Robert S. McCombs, M. D., Associate in Medicine at the Philadelphia Polyclinic; instructor of nurses at the Children's Hospital of Philadelphia. Fifth Edition, thoroughly revised. Octavo of 581 pages, illustrated. Cloth, $2.75 net. W. B. Saunders Company, Philadelphia and London.

Here is a very excellent text for student nurses. It is abreast of the recent advancements in pediatrics. The text is adequately illustrated and so clarifies the subject for the student. This book merits placement as a standard text in every training school.